

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

21 June 1997

Gehe offers Internet alternative to PRS

Guild puts in bid for 'significant' pay rise

First details of script fraud report emerge

Update:
keeping
abreast of
the situation



Business in focus: stand out from the crowd

Pharmacists shun staff training – AAH survey

Generic companies blow whistle on brand deals

Online at <http://www.dotpharmacy.com/>



Not many labels enjoy the record success of Sudocrem. Currently with an 80% market share it outsells its nearest competitor by more than nine times¹.

For generations Sudocrem has been the leading treatment for nappy rash – recommended by health professionals and prescribed by family doctors

Record
of success



The number one label for nappy rash.

because it soothes, heals and protects delicate skin.

Clinically proven Sudocrem is available in a range of sizes to suit your customers' needs, and benefits from promotional support month after month, year after year. So make sure you display and recommend Sudocrem, and you'll soon see record sales of your own.

References: 1. Source: USA M&A February 1997.

Sudocrem Prescribing Information. Presentation: A white emulsified cream containing as active ingredients Zinc Oxide Ph Eur 15.25%, Lanolin (Hypo-allergenic) 4%, Benzyl Benzoate BP 1.01%, Benzyl Alcohol BP 0.39%, Benzyl Cinnamate 0.15%. Uses: In the treatment of nappy rash, bedsores, minor burns, eczema, acne, chilblains, surface wounds and sunburn. Dosage and Administration: To be applied in a thin layer over the affected area with suitable covering where necessary. Renew application as

required. Contra-indications: None. Warnings: Keep out of eyes. Legal Category: GSL. Basic NHS Cost: 60g £0.80, 125g £1.40, 250g £2.44, 400g £3.57. Further Information: Nil. Product Licence holder and Number: Tosara Products Ltd 3430/0001. Sudocrem and Tosara are registered trade marks. Date of preparation: April 1997. Data sheet with full prescribing information is available on request from Pharmax Limited, Bexley, Kent DA5 1NX.



Pharmacists of Great Britain join the campaign for Safe Socks



Help is at hand for the nation's sweaty feet. It's new Driclor Powder, the latest addition to the Driclor clinical antiperspirant range. Thanks to a clever micro cellulose formula, Driclor Powder absorbs sweat and cuts off the cause of odour without the usual powder problem of caking. And as if that wasn't enough, it also helps to prevent athletes foot.

£1½ M
Summer spend
on Driclor Powder
and Driclor
Solution

Presentation: Powder. **Active Ingredients:** Aldioxa 0.22% w/w, Chloroxylenol BPC 0.5% w/w.
Uses: Driclor Powder is especially suitable for the feet. It absorbs excess moisture, has antifungal and antibacterial properties, and soothes inflammation in other skin fold areas. **Dosage and administration:** Dry and apply over feet and other affected skin fold areas. Use on children under supervision. Store in a cool dry place. **Contraindications, warnings etc:** Avoid contact with eyes

and broken skin, avoid inhalation. There are no restrictions on the use of Driclor during pregnancy or lactation. Avoid contact with clothing and polished metal surfaces. **Product Licence Number:** 0174/5015R. **Pack size and Retail Selling price:** 50g pack £3.79. **Legal category:** P. **Date of preparation:** April 1997. Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU.



The ability to dispense branded medicines against generic prescriptions was once the sole preserve of Boots, and it was guaranteed to raise the hackles of any independent, who knew he would not be in line for a similar deal. How times are changing can be gauged from the fact that May's NPA 'Pink Supplement' advised pharmacists that 'reverse generic substitution' is affordable for smaller contractors, and can be a useful marketing tool. In fact, the number of brand equalisation deals being offered by branded manufacturers has now reached such a level that generic companies are seeing their market share under threat (see p26). A look at the way the market divides up shows that it only takes a few major drug companies to jump on the bandwagon to considerably skew the market. The top 50 generic products cover 81 per cent of the market by value and 69 per cent by volume, according to recent IMS figures. The top 140 products account for 97 per cent by volume and 95 per cent by value. It is no coincidence that Boots' own-label dispensing range now lists 120 lines. Generic manufacturers will not take this assault on their bread and butter business lying down, but it is difficult to see how they can counter it in the short-term other than by offering ever-more competitive prices. There is a commodity business, and anyone who doubts it only has to recall the way the price of captopril plummeted overnight when it came off patent earlier this year. However, the situation is good news for community pharmacists who can profit from the deals being offered ... until the next discount inquiry. One is left wondering, though ... for years it has always been accepted that brands will be heavily discounted if supplied through the hospital sector. Is the community sector really that much different?

CHEMIST & DRUGGIST

Editor Patrick Grice,
MRPharmS

Assistant Editor Maria
Murray, MRPharmS

Technical Editor Fawz Farhan, MRPharmS

Business Editor Guy L'Aimable, BA

Contributing Editor Adrienne de Mont MRPharmS

Beauty Editor Sarah Thackray

Senior News Reporter Charles Gladwin MRPharmS
Reporter John Plant MRPharmS

Art Editor Tony Lamb

Production Editor Vanessa Townsend, BA

Price List Colin Simpson (Controller)
Darren Larkin, Maria Locke

Group Advertisement Manager

Julian de Bruxelles

Group Advertisement Executives

Jonathan Bill, Lynn Dawson, Nick Fisher

Production Katrina Avery

Associate Publisher John Skelton

Group Sales Director Ian Gerrard

Publishing Director Roger Murphy

© Miller Freeman plc, 1997

Chemist & Druggist incorporating Retail
Chemist & Pharmacy Update

Published Saturdays by
Miller Freeman plc, Sovereign Way,
Tonbridge, Kent TN9 1RW
Telephone 01732 364422
Telex 95132 MFLFRE G
Fax 01732 361534
E-Mail chemdrug@dotpharmacy.com
Internet site
http://www.dotpharmacy.com

Subscriptions: Home £121 per annum
Overseas & Eire £173 per annum
including postage
£2.40 per copy (postage extra)

Circulation and subscription: Royal
Sovereign House, Berestord Street,
London SE18 6BQ. Tel: 0181 855 7777
Refunds on cancelled subscriptions will
only be provided at the publisher's
discretion, unless specifically
guaranteed within the terms of
subscription offer.

The editorial photos used are courtesy
of the suppliers whose products they
feature



Miller Freeman
A United News & Media publication



CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 247 No 6091 137th YEAR OF PUBLICATION ISSN 0009-3033

Gehe to offer Internet script transfer system 4

Non-profit-making Pharmed plans to be a standard provider



DoH moves on prescription fraud 5

A report to be published this week details
measures to reduce NHS losses through crime



Guild puts in bid for 'significant' pay rise 6

Staff will meet with management to discuss claim

Final Schaffer case heard by Statutory Committee 6

The 18th pharmacist in this long-running saga receives a reprimand

PSNC gets back into negotiating groove 18

Negotiations are to be resumed on remuneration for 1997-98

Update: keeping abreast of breast care i-viii

... plus caring for the blind and new roles for aspirin

C&D Interview: breaking the habit for addicts 20

Joe Mee, co-ordinator for the Pharmacists' Health Support Scheme

Business in focus: standing out from the crowd 22

A 'unique selling proposition' needed to compete with the neighbours

Generic companies question brand deals 26

Leading generic manufacturers are concerned
over the threat to their market share



Pharmacists shun staff training in survey 28

Staff training ranked low in AAH questionnaire

REGULARS

Industry Viewpoint 7 Letters 24

Topical Reflections 7 Business News 26

Prescription Specialities 8 Classified Advertisements 29

Counterpoints 10 About People 34

Gehe to offer Internet script transfer system



Gehe has set up a company to develop an Internet-based electronic prescription system for pharmacists and GPs.

Pharmed, a not-for-profit company set up as a subsidiary of the pharmaceutical wholesaling and retailing group, aims to develop a standard system which will allow existing networks and systems to interact with each other. There is one proviso – they must have an Internet gateway.

The new company is anticipating the likelihood that the NHS will eventually approve electronic script transfer systems which will complement, or even replace, paper prescriptions. Pharmed aims to provide standards for software and encryption. The pharmacy and medical professions, as well as technical suppliers, will be invited to contribute to the system's design.

However, Pharmed says that it is unlikely doctors will have to pay for the system. Pharmacy suppliers are expected to pass any charges they incur on to pharmacists, but at this stage Pharmed is not prepared to say how much the new system would cost individuals.

"We are keen to produce a low-cost system for pharmacy," says Pharmed chairman Ewan Davis. "We are not looking to make a profit out of pharmacy." The 1,250 Hills and Lloyds pharmacies, part of the Gehe group, will incorporate the system.

However, he says: "It is important that Pharmed works at 'an arm's length' to satisfy other suppliers, too."

He is happy that the system will comply with the 15 professional principles put forward by the professional bodies to the NHS Executive (C&D May 31, p5). The level of encryption the system offers is described as "very strong". Mr Davis adds: "We are seeking to work with the NHS, and we are quite happy to work at the pace they are comfortable with."

The system has been under consideration for some time. Pharmed was spurred on by the arrival of Practice Resource Systems in October last year, and the fact that Gehe was able to contribute resources and funding.

The company has been in informal discussions with the Department of Health, but developments are now at a stage where the company says it needs to go public to get input into what the standards for the system should be.

"It will be equally available for all. The only way we can work is if we share common standards," says Mr Davis. "Therefore, we have to have a structure that will give people confidence."

Pharmed will be circulating specifications soon to interested parties. It says it has already been in discussion with the pharmacy computer systems suppli-



Pharmed chairman Ewan Davis

ers John Richardson Computers and Hadley Hutt, which have indicated a willingness to work with Pharmed.

Hadley Hutt managing director Tony McDowell says his company will develop interfaces for the new system and will continue to work with Pharmed "providing we can satisfy ourselves that it remains non-profit-making".

He confirms that pharmacy suppliers will pass costs on to pharmacists, adding that he believes the more successful systems, as demonstrated in the US, are those in which the doctor and pharmacist share costs.

Calling palliative care pharmacists

The Hull & East Riding Pharmacy Development Group is looking for a pharmacist with clinical experience in hospices who wishes to manage primary care practitioner teams.

The group has obtained funding of £50,000 for a year-long pilot project to improve the quality of palliative care to patients being cared for at home by extending hospital and hospice good pharmaceutical care practices into a community setting. But it is missing a pharmacist to manage the project teams.

Between 36 and 50 terminally ill patients from 12 general practices in the East Riding Health area will be asked to register with one of 20 participating pharmacies, and use that pharmacy throughout their treatment.

Participating community pharmacists will learn specialist knowledge and expertise in palliative drug therapy at two one-day training sessions, attended by GPs and community nurses. The first is on October 8.

East Riding Health's pharmaceutical adviser, Paul Ablett, has proposed that 'specialist' community pharmacies hold a wider range of drugs and equipment required to care for terminally-ill patients.

Community pharmacists, in partnership with Macmillan nurses, district nurses and GPs, will monitor patients' symptom control and medication side-effects, in much the same way as a pharmacist working in a hospice setting.

The project is being funded by development money made available from the 'Seizing the Opportunities' initiative, matched by contributions from East Riding Health and the private sector.

Anyone interested should contact Mr Ablett on 01482 672103.

Roddick continues as chair of Scottish Executive

The Royal Pharmaceutical Society has announced the results of the election for places on the Scottish Executive.

The six successful candidates are:

- George Downie (Aberdeen)
- Patricia Duncan (Dundee)
- Ian Johnstone (Motherwell)
- Clare Mackie (Glasgow)
- Joseph Richards (Coupar Angus)
- Alison Strath (Dundee).

Glasgow community pharmacist Elizabeth Roddick will continue as chairman of the Executive, with Graeme Millar, chairman of Edinburgh Sick Children's NHS Trust, serving as vice chair.

N Ireland endorses PSNI's 'Vision 2020'

The Pharmaceutical Society of Northern Ireland is proceeding with its 'Vision 2020' initiative, following the unanimous support of pharmacists at local meetings.

Funding was a key concern among the issues raised. Some of the proposed roles were thought to be impossible without adequate resources. Pharmacists might also have difficulty finding the time.

Some pharmacists were worried that patient registration, if implemented, might be abused by certain pharmacies or multiple groups in an attempt to take a larger share of dispensing.

The PSNI Council will publish a final document this autumn and send it to interested parties. The Council will also seek meetings with sister professions. 'Vision 2020' will feature prominently in the Society's response to the Crown Committee review of prescribing, supply and administration of medicines.

Western Health Board targets oral health

Promoting sugar-free medicines and removing sweets from pharmacies are among two recommendations in a new oral health strategy from Northern Ireland's Western Health Board.

The Board says community pharmacists are among those who need to become actively involved in promoting regional strategy.

The strategy has been launched as people in the Western Board area do not register with dentists in the same numbers as the other three boards in the Province. Oral health in Northern Ireland is also considered to be poorer than that in the rest of the UK.

● Questions over harmful effects of fluoride were raised in last weekend's newspapers in anticipation of a television programme on Thursday. The reports suggest that long-term fluoride may affect bones, the immune system and the CNS. Children are seen as being particularly vulnerable.

The British Dental Association supports low-dose formulations (400-500ppm) for children under seven who are at low risk of caries, living in a fluoridated area or receiving fluoride supplements. Beyond seven, it believes fluoride toothpastes work better.

Manufacturers are to start labelling their products with fluoride content in ppm next month, after the Cosmetic Toiletry and Perfumery Association held talks with the BDA.

Two pharmacy anti-drugs projects get £35,500 from Drug Challenge Fund

Two pharmacy-based drug abuse projects have received money from the £2 million Drugs Challenge Fund.

In South Tyneside, pharmacists have received \$10,000 from the Challenge Fund and \$7,500 from business and voluntary sources. In Birmingham, pharmacists have received \$13,000 from the Fund, topped up with \$5,000 from business to support a training programme.

The Tyneside project, co-ordinated by pharmacist Tony Schofield, the South Tyneside & Gateshead syringe exchange co-ordinator, will see pharmacists participating in the drug action team.

Pharmacists' strength in working with addicts comes from the regularity with which they see them, he says. Supervised methadone dispensing and syringe exchange means that some phar-

macists are in daily contact.

"People have been working in isolation. Health professionals have not overlapped with social workers," says Mr Schofield. Project meetings will bring everybody together to contribute their ideas and specialities.

In Birmingham, two days of specialist training will be offered to 10 pharmacists involved in syringe exchange schemes and to 20 who are not, but who are high-volume methadone dispensers.

The team comprises a consultant psychiatrist at the Birmingham Addiction Behaviour Centre, two managers of community drug teams, a pharmacist with experience of treating addicts, and Home Office inspectors.

The training will examine the patterns and prevalence of drugs, the philosophy of treatment, and liaison between prescribers and pharmacists.

Blacklist reminder

Pharmacists are reminded that changes to the list of products which cannot be prescribed or dispensed on the NHS (the 'black list') come into effect on July 1.

There are 56 medicines and 276 food and other products added to the list. Among the 56 licensed drugs are some small pack sizes intended for 'OTC' purchase. Details will appear in the Drug Tariff, part XVIII.

Locabital Aerosol may only be prescribed for the treatment of infections of the oropharynx. As such, GPs need to endorse the prescription 'SLS'.

Among brands blacklisted are: Aller-Eze, Anaflex, Anelthane and Anthusol creams, Bahemum and Bahemum Plus 150ml, Caladryl, Ceylderm, Clarlyn Allergy, Daktaim Cream 15g and powder, Derbac C, Earex, Eskamel and Femeron creams, Ferrous Sulphate Co tabs, Hismanal 10s, Kaopectate, Lanacane, Logado, Nicorette nasal spray and gum, Nytol, Oxy 10 and Oxy 5 lotions, Pluso-med, Pinton Allergy, Polton-Eze, Proderm, Seba Med Shampoo, Seldane, Somnex, Sudocrem lotion, Suleo-C, T-Gel conditioner, Unaderm cream, Triludan Forte 7s, Triludan 10s, Ung Merck 60g, Zirtex 7

JRC's Sunrise set for Head Office alpha test

John Richardson Computers is about to start alpha testing the Head Office module of Sunrise, its Windows '95-based pharmacy computer system.

The system, which is designed to run under Windows NT workstation or Windows NT server, will offer e-mail communication via modem to all pharmacies in a group. The Head Office has the ability to configure all the sys-

tems in order to impose uniform procedures.

JRC suggests these could include stock control routines, looking at any brand substitution deals, compliance checking, listing the preferred suppliers of generics, and tracking broken bulk and zero discount claims.

Deputy managing director Simon Driver believes the Head Office facility will provide an

affordable system for any size multiple. "Previously, this sort of technology has only been available to major corporations who have the budget to invest in this sort of IT solution. If you only have two pharmacies, you can now control and measure the total business," he says.

More information about Sunrise can be obtained from JRC on 01772 323763.

DoH moves on script fraud

The Department of Health was expected to announce on Thursday, after *C&D* went to press, a series of immediate measures to help reduce prescription fraud, which is estimated to cost the NHS about £100 million a year.

The plans, to be announced by health minister Alan Milburn, coincide with the publication of an efficiency scrutiny report into prescription fraud in England and Wales. They include:

- improving prescription form security by incorporating for the first time anti-theft and anti-counterfeiting devices in their printing
- a reward scheme for pharmacies which detect stolen or counterfeit forms
- working with the Home Office to develop a new criminal offence for evading payment of the prescription charge, and a

fixed penalty for non-payment

- an examination of the costs and benefits of an electronic data interchange system for transferring prescription information. The DoH believes this will bring long-term benefits for the prevention of both patient and contractor fraud
- greater use of information technology by the Prescription Pricing Authority's fraud investigation unit to improve detection of fraud by NHS contractors.

The prescription fraud report (full details next week) runs to ten chapters and 125 pages, and lists 100 recommendations. It concludes that the prescription system is inexpensive and efficient, and that almost all those who operate it are honest and trustworthy.

Over 480 million prescription items worth almost \$4 billion are

dispensed annually in England and Wales. The scrutiny team estimates that between \$70m and \$100m is lost annually through prescription charge evasion, and some \$15m from theft and forgery.

No definite figure is put on losses to fraud by doctors and pharmacists – the team concludes that information systems are not far enough advanced to make an informed estimate.

The efficiency scrutiny into script fraud was announced last November, prompted by a report from the Audit Commission. The six-strong team included community pharmacist Dick Hazlehurst from Bradford, along with a GP and four civil servants.

It concentrated on three areas: the theft and forgery of forms, fraud by pharmacists or GPs and prescription charge evasion.

Moss withdraws

Moss Chemists has withdrawn applications to open pharmacies in three villages in West Sussex. The applications for Loxwood, Ifold and Rudgwick were made following an examination of census data and reports from field operators. On closer examination of the businesses' viability last month, the company was unable to find suitable properties in the villages.

Paracetamol alert

The Wallis Laboratory (as the manufacturer) is recalling paracetamol tablets 500mg Batch No 6B638 as a precaution after some containers were found to contain tablets with mould contamination. The batch was first distributed in November 1996 in the livery of Approved Prescription Services. (Class 3 alert issued June 18). Information from APS Ltd. Tel: 0800 526 989

Ethnic health targeted

A programme of funding for projects which will focus attention on the health of ethnic minority groups is to be launched. The NHS Executive and DoH's health promotion division are seeking applications for £1.5m to be spent over the next three years. More details from Hilary Samson-Barry at NHSE North Thames Region, 40 Eastbourne Terrace, London W2 3QR.

Genus course accreditation

Pharmacists attending Genus Pharmaceuticals' Drug Tariff course will receive a CPP certificate of accreditation for seven hours. The course has been developed in conjunction with the Portsmouth University School of Pharmacy. For details of future courses contact Karen Robinson at Genus on 01628 604377.

PPA contractor reminder

The Prescription Pricing Authority is reminding contractors that from July 1 a new version of the payment schedule, FP34, will be issued directly from the PPA. It will include a list of all individual items priced in excess of £300.

Another go for Bashir?

Pharmacist Bashir Khanbhai has been invited by Conservative Central Office to stand in the Uxbridge by-election. The seat was held by the Conservatives in the general election by Sir Michael Shearsby, who died unexpectedly shortly afterwards. The candidate will be selected by July 2, and the by-election will probably be in September.

Final Schaffer case heard

A pharmacist accused of dealing with unlicensed wholesaler Pierre Schaffer was reprimanded when his case resumed at a disciplinary hearing in London this week.

Kamlesh Patel, of Wentworth Drive, Bedford, was accused of persisting in spending large sums of money on drugs for retail sale or supply from Mr Schaffer, until the dealer was arrested in October, 1993.

Even after discovering an illegally-imported batch supplied by Mr Schaffer, Mr Patel just returned the drugs without telling anyone, it was claimed at the Royal Pharmaceutical Society's Statutory Committee.

Society inspectors discovered inadequately-labelled items, mixed batches and a large number of 'popped' drugs, both in Mr Patel's pharmacy in Castle Road, Bedford, and at his two other pharmacies located in Skegness.

Inspector Janet Edginton told the hearing that when she interviewed Mr Patel in March, 1994, he said he had refused to use unlicensed medicines, saying: "I received a package of medicines which were not licensed from him [Mr Schaffer] and I asked him to come and pick them up. They were not dispensed. Other than that, all the stock I received from him was licensed and used for dispensing."

Ms Edginton said the premises were searched for unlicensed drugs but none were found. She asked for invoices, but was told they were not on-site because they were with an accountant.

Mr Schaffer operated through a company trading as Jetha, which Mr Patel believed was a licensed wholesaler, but actually it was not. S R J Pangawani, who traded as Jetha, has since been convicted of unlawful wholesale dealing to Mr Schaffer.

Mr Schaffer was fined a total of \$7,000 at Canterbury Crown Court in January, 1994, for seven offences relating to unlicensed importing, trading and supplying of medical products.

Mr Patel was reprimanded by the Committee after it ruled there was no evidence that he dispensed unlicensed medicines to the public. However, the Committee did find that he had dealt with an unlicensed wholesaler and medicines were unlabelled in his pharmacy.

The Committee ruled after several days of legal argument that it would be unfair to rely on the invoices of Mr Patel's supplier.

Mr Patel was the 18th – and last – pharmacist to face disciplinary action as a result of dealings with Mr Schaffer. He had bought nearly £76,000 of drugs – by far the largest amount in any of the cases which have come before the Committee.

GHP puts in pay claim

The staff side of the NIS Pharmaceutical Whitley Council has submitted its pay claim for 1997-98, and will meet with Department of Health management to discuss the claim in the near future.

It wants a "significant increase" in rates of pay, the introduction of paid study leave in order to meet the requirement of the Royal Pharmaceutical Society's Code of Ethics for 30 hours' continuing education per year, and a phased reduction in working hours to 35 per week.

Other demands include an examination of the problems being experienced recruiting suit-

able staff and pre-registration students to the NHS, and increases in allowances.

● A third of the members of the Guild of Hospital Pharmacists took part in a postal ballot to decide whether there should be a vote to change the Guild's name. Of the 910 respondents, 591 were in favour and 319 against putting forward the motion, which was originally made at the Guild's AGM, on renaming it the Guild of Healthcare Pharmacists. If the name changes, it will do so on January 23, 1998, the GHP's 75th anniversary, and will reflect the move away from a hospital and dispensing base.

The thigh's the limit

Manufacturers of anti-cellulite creams have been warned against making extravagant advertising claims for their products.

The Advertising Standards Authority says that it "has yet to see acceptable trials showing that creams alone can reduce, shape or remove cellulite".

Although the creams may have a tightening and exfoliating effect, the ASA points out that it has not seen any evidence to show these products can result in inch loss.

PMSI offers £3,500 for management training

Twenty-five pharmacists who have signed up for the Certificate in Community Pharmacy Management could benefit from £3,500 being offered by marketing company PMSI.

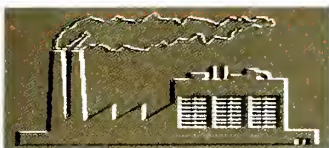
Pharmacists who have signed up for either part 1 or part 2 (or both) of the Certificate between March 1 and August 31 this year will be eligible to enter the draw to be made at Chemex this year. The Certificate is sponsored by Smithkline Beecham.

PMSI will pay course fees of £200 for ten qualifying pharmacists doing part 2 and £100 for 15 pharmacists signed up to part 1. All pharmacists have to do to enter is to return a completed questionnaire. Look out for the questionnaire, which is being mailed out by PMSI, in the next couple of weeks. For more details, contact Cynthia Anderson-Doble on 01732 364422.



There are three new members of the council of the Guild of Hospital Pharmacists: (l-r) one national member, Simon Riley; and two district members, Celia Timson and Raj Gokani. Mr Riley is a technical pharmacist at St George's Healthcare NHS Trust, Mrs Timson is an executive director of Nottingham Healthcare NHS Trust and Mr Gokani is a senior clinical pharmacist at Oxford Radcliffe NHS Trust

INDUSTRY VIEWPOINT



Ground on which the multiples cannot tread

As a supplier working closely with independent retail pharmacists, it is always encouraging to observe how many successfully combine their roles as pharmacist, retailer and, more recently, primary healthcare provider. Many businesses are flourishing despite an increasingly challenging professional and commercial environment. Each approach is different and based on the unique characteristic of the pharmacy, the pharmacist, the staff and the local population.

An unusual insight was provided by Xrayser in his article headed 'More than one way to survive' (C&D March 22). Responding to a feature by another correspondent in this column, he rightly identified the unique strength of the independent as

More research is emerging to show how and why consumers shop the way they do

being the ability to understand and then meet the needs of local customers. "This is not as a result of properly-conducted market research but by a combination of responding to customers' demands and evolving new marketing strategies based on the empirical knowledge built up over many years", he wrote.

More research is emerging to show how and why consumers shop the way they do. Already some wholesalers and manufacturers are able to provide independents with information about the profile of consumers in the immediate environment of their pharmacy. In time, pharmacists will be able to personalise their marketing strategies based not just on judgment but on accurate local market research data.

It is an exciting prospect. As Xrayser has highlighted, it is an area where the multiples will have difficulty in competing. "Not only have I managed to stop the rot, but I have recently improved that vital customer throughput!" he said.

Contributed by a senior industry manager.



One man's solution to script charges

More of the same cash limits for the next two years seems to be the message from Frank Dobson, the health secretary. But, at the same time, he has put the cat among the pigeons by ruling nothing out for his in-depth review of health spending. For a new incumbent to such a sensitive post this is indeed a courageous stance because the NHS has always been one of the most emotive of political issues.

However, few people can deny that health spending is a bottomless pit so prioritisation of resources has always been inevitable and the means to pay for the system a constant subject of debate. My idealism has always led me to criticise the prescription tax for the arbitrary way it is levied, but I do admit it does limit excessive use of scarce resources. If it is not to be abolished, perhaps it should be more universally applied and its principles extended to other parts of the NHS system.

Presently over 90 per cent of the prescriptions I dispense are exempt from payment, but the principal determinants for charging are age, disease state or income, with large users being able to purchase prepayment certificates. I would like to suggest to Mr Dobson's think-tank that the

Topical Reflections

whole system is simplified, with the only grounds for future exemption being the individual's income. Doctors should be limited to no more than three months supply of long-term medication, and credits issued for each charge levied such that a maximum charge per patient per year is not exceeded.

If charges have to be made, I can see no necessity for any other determinant than the ability to pay. This principle could then be applied to other usage areas in the NHS and credits issued in a similar way to prescription charges. These credits could then be applied to a universal NHS maximum annual charge, such that no patient would have to incur excessive charges because of their particular medical needs.

PPA clanger is damaging to health

I know that the Prescription Pricing Authority did not deliberately load the wrong payment files into its computers, but, nevertheless, it did happen and we all received incorrect information about our NHS cheque for June 1.

Now, in my case, there was a considerable shortfall compared with my wholesaler's account, so the shock was potentially damaging to my health. The vision of a particularly difficult interview with the bank manager added to my considerable concern. Two days later, I was relieved to receive the amended amount, but, at the time, no explanation or apology.

I immediately cancelled my bank appointment and

destroyed my suicide note, but this was a cock-up of gargantuan proportions. Every contractor received the wrong information, and the result could have been disastrous. My problem is that, because of the advance payment system, I have little idea how much I am to receive each month, so accepted the wrong amount without question.

I accept the PPA's apology, but I also believe this would never have happened if we were paid in full for each month's prescriptions. There is now no logistical reason for the continuance of the advance payment system, other than Departmental parsimony. Perhaps the Pharmaceutical Services Negotiating Committee could capitalise on the PPA's embarrassment by persuading the Government that not only are accurate monthly payments to contractors morally correct, but that they also make for good accounting practice!

In the good old days

I often look back with nostalgia to the days of extemporaneous dispensing, when compounding medicines was called an art, and the white daisy and sealing wax was probably more therapeutic than the medical ingredients.

The pace of change has relegated those days to history and resulted in fluted bottles being no longer viable to manufacture. I am sure a self-adhesive tactile pad can be designed to convert flat bottles and thereby comply with legal requirements, but I regret this reminder of the pre-electronic age that can never return but for which I often yearn.

SCRIPTspecials

Ethical Generics' aciclovir

Ethical Generics has introduced its own aciclovir tablets in 200mg (25, £28.89), 400mg (56, £105.95) and 800mg (35, £107.30) strengths. **Ethical Generics Ltd. Tel: 01635 568400.**

Diaphragm springs out

The Ortho White Flat Spring diaphragm will be discontinued from August 1 as a result of inconsistent supplies rendering the product non-reimbursable. Janssen-Cilag is continuing the supply of Ortho All-Flex diaphragms and Ortho Coil Spring diaphragms, both of which are reimbursable and offer an alternative to the discontinued line.

Janssen-Cilag Ltd. Tel: 01494 567567.

Nimotop indication

Nimotop (nimodipine) is now licensed for use in subarachnoid haemorrhage of traumatic origin. Studies have shown that initiation of nimodipine therapy within 12 hours of diagnosis resulted in a 55 per cent relative reduction in unfavourable outcomes.

Bayer plc. Tel: 01635 563000.

Keftid suspension

Galen has introduced Keftid suspension, the first sugar-free cefaclor formulation, which has a fruit flavour to aid compliance. Keftid comes in two strengths: 125mg/5ml (basic NHS price £5.16) and 250mg/5ml (£10.32).

Galen Ltd. Tel: 01762334974.

Viazem XL diltiazem

Du Pont has launched Viazem XL, a prolonged release diltiazem for once-daily administration. It comes in 28-capsule packs in the following strengths: 120mg (basic NHS price £10.50), 180mg (£10.94), 240mg (£12.16), 300mg (£19.65) and 360mg (£21).

Du Pont Pharmaceuticals Ltd. Tel: 01462 482648.

Plendil goes to Astra

From June 20, Astra is taking over distribution of Plendil extended release tablets 2.5mg, 5mg and 10mg from Schwarz Pharma. Astra packaging will be phased in, but existing stock should be sold and returns for credit will not be accepted.

Astra Pharmaceuticals. Tel: 01923 266191.

Beiersdorf moves into alginate dressings sector

Algosteril is a new dressing for moist wound care launched this week by Beiersdorf Medical.

Two out of the four products in the range are immediately available on the Drug Tariff. These are the 5x5cm and 10x10cm dressings (packs of ten), individually priced \$0.72 and \$1.65.

Not in the Tariff is a 10x20cm dressing (pack of ten, \$4.38 each), and a 30cmx2g rope (six pieces, \$4.78 each).

An alginate dressing derived from a species of brown seaweed, Algosteril is a natural polymer with hydrophilic properties which absorbs and retains wound exudate, creating a moist environment for optimum healing. It is also ideal for bleeding wounds, since the calcium alginate stimulates platelet aggregation, resulting in haemostasis.

The dressings can be applied directly to wounds. They have a high tensile strength and non-



adherent properties as well.

Algosteril is the company's first product in the alginate sector, and is the result of a new partnership with Les Laboratoires Brothier.

Beiersdorf UK. Tel: 01908 211444.

Lariam prophylaxis can start three weeks before departure

Malaria prophylaxis with Lariam (mefloquine) can now be started up to three weeks before departure to give travellers the opportunity to return to their doctor or switch to other prophylactics before leaving the UK in the event of adverse reactions.

Previously, prophylaxis was started a week before departure, which meant that any adverse reactions occurred abroad. Side-effects normally manifest themselves within two to three doses.

The duration of prophylactic therapy has been extended from three to 12 months to protect long-term travellers. It was previously restricted because of fears of mefloquine resistance.

The lower weight limit for prophylaxis has been reduced from 15kg to 5kg. A new patient product information leaflet has also been introduced, reflecting the changes to the data sheet.

Roche Products Ltd. Tel: 01707 366000.

MEDICAL MATTERS

Avoid antioxidants in heart disease

Beta-carotene and vitamin E have been found to increase the risk of fatal coronary heart disease in a study published in *The Lancet*.

The frequency of major coronary events was studied in 1,862 men enrolled on the Alpha-tocopherol Beta-carotene Cancer Prevention Study. The men were all smokers aged 50-69, with a history of myocardial infarction.

They were given supplements of vitamin E 50mg/day, beta-carotene 20mg/day, both or placebo. The median follow-up was 5.3 years. The endpoint was the first major coronary event.

There were 424 major coronary events but no significant differences in the number of events between the supplement groups and placebo. However, significantly more fatal cases were seen with the beta-carotene group, and the combined beta-carotene and vitamin E groups compared to placebo. No such differences were seen in the vitamin E group.

Patients who smoke and who have had a myocardial infarction should not take vitamin E and beta-carotene supplements.

Western lifestyle blamed for rise in allergies

The affluent Western lifestyle has been blamed for the rise in allergic disease in Europe.

In the UK, the biggest culprits are house dust mite, grass pollen and pet allergens, according to Sue Ollier, scientific director at the British Allergy Foundation.

Speaking at the launch of the UK's first Allergy Week (June 16-22), Ms Ollier said the UK climate was particularly conducive to house dust mites, which is made worse when houses are 'sealed up' in an attempt to conserve energy during the winter.

Pets, smoking and fitted carpets have also turned houses into

allergen dens. Although pollution is not itself an allergen, it may enhance allergic reactions.

This year's Allergy Week aims to highlight treatments available for allergies. The BAF has set up a helpline number (0891 516500) and has produced a newsletter for members. Details from the British Allergy Foundation, Deep Dene House, 30 Bellegrove Road, Welling, Kent DA16 3BY.

● One in three people in Europe suffers from an allergy and it is costing Europe \$19.9 billion annually, according to a mega-analysis conducted by 21 leading European allergy specialists.

You can't lick a good licking ...

Saliva is a natural antiseptic and licking your wounds may be good for you, according to research from St Bartholomew's Hospital in London.

The hospital's clinical pharmacology department conducted experiments on humans, after observing that wounds take longer to heal in animals who can't lick their cuts.

Volunteers were asked to lick

both surfaces of their hands, and researchers found that levels of nitric oxide on the licked skin was much higher than on dry skin.

Nitric oxide breaks down into free radicals which react with and destroy bacterial cell membranes. Saliva also contains peroxidases, lysozyme and anti-biotic peptides, which all contribute to its antiseptic property.

Unique protection for the sun-sensitive



Sun E45 is unique.

- Mineral sunscreens which reflect sunlight away from the skin.
- No potentially irritating organic chemical sunscreens.
- Prescribed by doctors, recommended by pharmacists.



Maximum protection with minimum irritation

Product Information. Sun E45. Perfume-free, allergy screened and waterproof. Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA. Legal category: ACB5. Date of preparation: February 1997.

COUNTERpoints

Anthisan Plus, the flying doctor

Anthisan Plus is a new sting relief spray which combines an antihistamine with an anaesthetic to numb the itching and pain.

Anthisan Plus Sting Relief Spray contains mepyramine maleate 2 per cent w/w and benzocaine 2 per cent w/w in a metered dose, CFC-free spray. The travel pack provides 60 doses (retail £3.49)

while the family pack consists of 180 doses (£4.49).

The spray is suitable against insect bites and stings, nettle rash and jelly fish. Two to three metered doses should be sprayed onto the affected site two to three times a day for no more than three days. The spray should not be used in children under three or in those with

known hypersensitivity or eczema-like conditions.

The product is being backed by national press and poster advertising. Capitalising on its medicinal ingredients, the campaign uses a 'flying doctor' theme to portray the product's fast anaesthetic relief for stings.

Rhone-Poulenc Rorer.
Tel: 01732 584000.

Germolene kisses the hurt of bumps and scrapes away

Smithkline Beecham is targeting mothers with young children in its new Germolene press campaign.

A two-pronged attack has been created to appeal to two distinct audiences – mothers with children aged two to four, and those with older children of five and over.

The advertisements position mum as the heroine who steps in when children suffer minor bumps and

scrapes. The key message of the campaign is 'everybody hurts sometimes – to kiss hurt away use Germolene'.

The advertising, which is worth approximately £150,000, will run

until mid-August.

Smithkline Beecham Consumer Healthcare.
Tel: 0181 560 5151.



Brighter outlook on the horizon for herbal remedies

Ferrosan Healthcare is relaunching its Heath & Heather herbal remedies.

Traditional glass bottles have been replaced with more convenient blister packs of 60 tablets. The bright new packaging has been

designed with an enhanced herbal look.

Six of the 11 products in the range have been repackaged – four of them licensed (Water Relief, Skin Tablets, Quiet Night and Becalm), plus two unlicensed

(Raspberry Leaf and odourless garlic perles).

The rest of the range will be repackaged gradually over the next few months. Retail price is £3.99 for 60 tablets.

Ferrosan Healthcare Ltd.
Tel: 01932 337700.

Combined Creatine Plus capsules

Bio-synergy has introduced the Creatine Plus dietary supplement in the UK.

The product is formulated to increase vitality, strength and endurance, and eliminate fat. It combines creatine monohydrate and chitosan.

Available in capsule form, it comes in a two-phase pack (phase one: 125 x 800mg pure creatine monohydrate capsules; phase two: 2 x 125 creatine/chitosan capsules 650/150mg). They retail at \$45.

Bio-synergy Ltd.
Tel: 0181 444 4405.

Television debut for Jungle Formula

Chefaro Proprietaries plans to advertise its Jungle Formula Insect Repellent range on national TV for the first time.

Timed to coincide with the beginning of the peak holiday season, the \$500,000 campaign will run from July 7 for an eight-week period. It will

involve major national advertising on GMTV and in selected ITV regions.

The commercial will focus on Wasp Away wasp repellent spray, as well as featuring the rest of the range.

Special deals and POS material are available.
Chefaro Proprietaries Ltd.
Tel: 01223 420956.

Potter's pastilles build on tradition

Ernest Jackson has extended Potter's traditional pastilles.

The range now includes Day & Night Cough Pastilles, Strong Bronchial Catarrh Pastilles and Children's Cough Pastilles.

These three products were originally in the Ernest Jackson Medical range.

They come in stylish new packaging with a traditional look.
Ernest Jackson & Co Ltd.
Tel: 01363 772141.

Bathing beauties

Brand Managers is now distributing the **Pino Silvestre** range of natural toiletries. As an introductory offer, selected bath items are at a special low price.
Brand Managers Ltd.
Tel: 0181 286 6688.

Tesco vitamins

Tesco has launched its own range of vitamins, minerals and essential oils, which will be available in its 170 in-store pharmacies. The range has over 35 products and combinations of ingredients.

ITCHY EYES
SNEEZING
RUNNY NOSE

STUMPED FOR HAYFEVER RELIEF?
RECOMMEND
CALIMAL
(Chlorpheniramine BP 4mg)
30 Tablet Blister Pack

Available from Wholesalers.
TRADE PRICE = £8.52/doz exc. VAT
RETAIL PRICE = £1.39 each

Rinstead seeks out the baby with that star smile

Schering-Plough is launching a pharmacy competition to find a new baby face for the next Rinstead Teething Gel advertising campaign.

The winning baby will receive a year's modelling contract and will feature in the 1998 Rinstead Gels campaign.

In addition, 30 runners-up will win a baby dinner set.

Around 4,000 pharmacies are participating in the contest by carrying consumer application forms.

The pharmacy assistant from each region who provides the most entries will be rewarded with a \$50 Marks & Spencer voucher.

Closing date for entries is August 31.

Schering-Plough Ltd.
Tel: 01707 363636.



Rinstead
Teething Gel



LAST YEAR
WE OFFERED
800 PHARMACISTS
£5 MILLION
TO EXPAND THEIR
BUSINESS.

STATIM
FINANCE LTD

"This year it looks like it will be more. We are not just providing an excellent wholesaling service – we provide financial backing to enable pharmacists to start new businesses or expand current ones."

DAVID TAYLOR
MANAGING DIRECTOR



PHARMACEUTICALS
LIMITED

~~We will~~ ^{be} ~~We're always there,~~ ^{will} ~~we always care.~~

Body language for new Fenjal

A new Fenjal body care system will be launched in July by Food Brokers.

The Beauty Spa range comprises Fenjal Beauty Spa Bath & Care, Body Milk and Shower Creme.

Aimed at women aged 35-54, the range is claimed to have a rejuvenating effect.

Products are formulated with Juvisan complex for rapid cell. This complex contains rich lipids which form a moisturising barrier on the skin.

The formula also includes vitamin E to help slow premature ageing of the skin by protecting against cell degeneration, and an intensive moisturising



ingredient, called D-Panthenol.

The range is dermatologically tested, pH balanced, soap- and colourant-free, hypoallergenic and not tested on animals.

Retail prices range from \$4.45 for 200ml Shower Creme to \$8.95 for 400ml Body Milk.

As an introductory offer, free handy 50ml travel-size bottles will be available to give away to every customer who buys a full-size product.

Counter units and window display showcards are available. **Food Brokers Ltd.**
Tel: 01705 222500.

Model looks from light to dark in new make-up range

An American cosmetics and skin care range created by Somalian-born actress and model Iman will be launched in the UK in August. It will be exclusive to Selfridges for six months.

Designed for women of every colour, the make-up collection features 32 shades to suit skin tones from light to dark.

The range includes products for specialised skin care, body care and

sun protection.

Presentation is in rich woodgrain effect packaging embossed with gold.

Baker Norton Pharmaceuticals.
Tel: 01279 426666.

Autumn Cover Girl's magnetic force

Procter & Gamble will be introducing a limited edition collection in Cover Girl this autumn.

Called Magnetism, it will feature new metallic Liquid Gold and Rich Rust in Continuous Colour Self-Renewing Lipstick, Lip Linning Pencil and Nailsticks.

Gold Dust and Copper Tones will be introduced in Non Stop Eye Colour Duo.

The collection will be available from September 3 until the end of October.

Procter & Gamble (Cosmetic & Fragrances).
Tel: 01932 896000.

Wahl grooming range gets head start

Wahl has extended the range of grooming combs designed to fit its standard clippers.

Latest additions include two new combs and left- and right-hand tapered attachments for use behind the ears.

The company now

offers eight combs giving hair lengths from 1/8 inch to one inch. Each is clearly numbered and sized on the pack.

Moulded in black nylon, they are easily attached to the clippers.

Wahl Europe Ltd.
Tel: 01227 740066.



Dispensing with a difference
-Pick us off the shelf today

tramadol hydrochloride ▽
50mg capsules

"Another blockbuster in this already successful series"

Legal Category POM



EG

ethical
generics

CUTTING THE COST
OF HEALTHCARE

Contact us now on our
24 hour hotline
number
01635 568445.

For further
information contact
ethical generics on
01635 568400

ethical generics ltd
west point
46-48 west street
newbury
berkshire
rg14 1bd

Important Notice for Users Of Medihaler-epi 400 Dose Pressurised Inhaler LOT NUMBER 96H01A

As a precautionary measure, 3M Health Care Limited is recalling a single Lot of Medihaler-epi 400 dose pressurised inhaler. This product is used as part of the treatment of acute reactions to drug or insect sting allergies. We have discovered during routine quality testing that inhalers from this Lot may deliver a lower dose than stated on the label.

The Lot number affected by the recall is 96H01A.

No other Lots of Medihaler-epi inhaler or 3M Health Care products are affected. Patients are advised to immediately check the Lot number on their Medihaler-epi inhaler, which can be found on both the lid of the box and the label on the inhaler.

What You Should Do

If you have a Medihaler-epi 400 dose pressurised inhaler from Lot Number 96H01A please return it as soon as possible to the pharmacist or doctor who dispensed the inhaler. The pharmacist or doctor will give you a replacement treatment. Please take a copy of this notice with you.

3M Health Care is committed to a continuing high standard of manufacturing quality. We are recalling this Lot in the interest of patient safety and apologise for any concern or inconvenience that this may cause.

If you have any questions you should not hesitate to ask your pharmacist or doctor.

3M Health Care

FLYING DOCTOR



Anthisan

NEW

**AnthisanTM
PLUS**

STING RELIEF SPRAY

mepyramine/benzocaine

FAST, ANAESTHETIC STING RELIEF

Essential Information. Anthisan Plus Sting Relief Spray. Presentation: metered dose spray containing mepyramine maleate 2%w/w and benzocaine 2%w/w. **Indications:** Symptomatic relief in insect bites and stings, jellyfish and nettle stings. **Dosage:** Adults, elderly and children over 3 years. Pressing the nozzle once delivers a single metered dose. Two to three metered doses to be sprayed onto the site of the bite or sting, two or three times a day for up to three days. Early application is essential to obtain optimum response. **Contraindications:** Hypersensitivity to any of the ingredients, eczematous conditions. Not to be used on extensively broken skin or near eyes or mouth. **Warnings:** Repeated applications for longer than a few days are not recommended. Treatment should be discontinued immediately if skin sensitisation occurs. Spray should not be applied near naked flames. Effects on ability to drive and use machines: none when used as recommended. **Pregnancy and lactation:** should not be used unless considered essential by a physician. **Side effects:** hypersensitivity reactions. **Product licence no. PL12 0309** held by Rhône-Poulenc Rorer, Kings Hill, West Malling, Kent, ME19 4AH. **Legal category P RSP 60** dose £3.49, 180 dose £4.49. Prepared April 1997 TM - ANTHISAN is a Trademark.

RHÔNE-POULENC RORER

Rest assured with Sleepia™

The UK OTC sleep aids market has been caught napping as Sleepia hits pharmacists' shelves around the country



Pfizer Consumer Healthcare has recently launched Sleepia – a night-time sleep aid containing diphenhydramine in unique, blue, liquid-filled soft gel capsules. Sleepia is formulated to meet the needs of those customers suffering from temporary sleeplessness who wish to self-medicate with a non habit-forming product to help restore their natural rhythm of sleep.

The rhythm of sleep

Sleep takes up around one-third of our lives and is vital to our general health and well-being. Certain body functions, including hormone secretion and body temperature, operate rhythmically on the 24-hour, light-dark cycle – also known as the circadian rhythm (or body clock). The need to sleep tends to occur when the hormone melatonin is secreted (during the hours of darkness) and the body temperature is lowered.

Additionally, there are two opposing control centres working in the brain: the wake system drives wakefulness/arousal, while the sleep system drives sleep. The sleep system enables sleep by 'applying the brakes' to the wake system.

The rhythm of sleeplessness

Many people suffer from temporary sleeplessness at some point. Research commissioned by Pfizer Consumer Healthcare, the makers of Sleepia, shows that one adult in six goes to bed worrying about how they will get to sleep. Over a third (36 per cent) of sufferers experience sleeplessness every night – while 37 per cent of sufferers experience sleeplessness two or three times a week.*

Finding the cause

The pharmacist should take time to explain to the customer that it is worth finding the cause of the sleeplessness as well as treating the condition.

A person's sleep pattern is largely inherited and it should be remembered that the amount of sleep needed varies from individual to individual. Some only need four or five hours, while others may need ten

Sleeplessness might include one or all of the following symptoms: having difficulty falling asleep, waking up periodically throughout the night and/or finding oneself lying awake for long periods during the night or early awakening.

When a customer's normal sleep-wake rhythm is disturbed, even temporarily, their quality of life can suffer.

hours or more. People also tend to sleep less as they get older.

Upsets in a person's normal sleep pattern can occur for many reasons, eg stress or illness. It's worth getting the customer to think whether they might be suffering the effects of any of these factors.

How can Sleepia help?

Customers can be advised that, instead of lying awake worrying about not getting enough sleep, they can take control of the situation. The active ingredient in Sleepia, diphenhydramine, helps to bring about drowsiness more quickly, from which point most people will drift into sleep. So, by reducing the drive for wakefulness, Sleepia may make sleep more continuous, thus improving the quality of sleep, thereby allowing the customer to awake feeling refreshed for the day ahead.

Success assured

Sleepia's liquid-filled soft gel capsules are unique to the UK sleep aids market, and are responsible for driving sales in the American sleep aids market, where Pfizer Inc has the number

one-selling gel capsule.

Dr Malcolm Phillips, marketing director for Pfizer Consumer Healthcare, says, "Our own USA experience confirms the consumer acceptability of gel capsules. We expect Sleepia to have a significant impact on the \$11 million sleep aid market in the UK."

He adds: "Pfizer's research shows that consumers are keen to purchase a product which is not known to be habit-forming and which does not 'knock you out'. The launch of Sleepia will enable pharmacists to help customers who are seeking an OTC medication to help to restore their natural rhythm of sleep."

Marketing support

The launch of Sleepia will receive major support through a \$1.5m nationwide television advertising campaign using the theme 'restore your natural



A guide 'Sleep & Sleeplessness and Sleepia protocol have been specially produced for pharmacy

sleep pattern', combined with a consumer public relations campaign and distinctive, visually appealing point of sale and merchandising material. Pharmacy staff have already received support through detailed information on sleep and sleeplessness to ensure appropriate self-

medication is undertaken with sleep aids.

Always read the label.

* Source: independent research carried out through Audience Selection through telephone interviews with 1,005 adults aged over 15 years in October, 1996



Help from the pharmacy

A customer presenting in your pharmacy with insomnia with any of the following symptoms should be referred to a doctor for further advice:

- if they are pregnant
- if they are taking any other drugs
- if they have suffered for more than two weeks
- if they have severe, prolonged or troublesome insomnia
- if they experience persistent and unusually early morning awakening (3.00-4.00am)
- if they lack interest in life, ie are depressed, irritable, fatigued, etc
- if they suffer from snoring problems
- if they rely on, or continually use, sleeping pills of any type.

Product Information

Presentation: blue liquid-filled capsules containing 50mg Diphenhydramine Hydrochloride Ph Eur. **Dosage and Administration:** one soft gel capsule 20 minutes before bedtime. Not recommended for children under 16 years of age. **Uses:** Sleepia is a non-habit-forming night-time sleep aid for relief of temporary sleep disturbance. **Contra-indications:** hypersensitivity to any ingredients in the product, or to other antihistamines. **Warnings and Precautions:** a doctor should be consulted if sleep disturbance continues for more than ten days. Sleepia is not recommended during pregnancy or lactation. Use with caution where closed angle glaucoma, urinary retention, asthma, prostatic hypertrophy, pyloric obstruction and achalasia of the cardia exist. Sleepia should not be taken concomitantly with monoamine oxidase inhibitors. Sleepia may suppress positive skin test results so should not be taken for at least 72 hours before the test. Treatment with Sleepia is likely to increase the level of drowsiness, and may reduce the ability to drive and use machines. **Side-effects:** drowsiness, dizziness, weakness and dry mouth, also less frequently faintness, nervousness, headache, blurred vision, nausea and gastro-intestinal effects, such as constipation or gastro-oesophageal reflux. **Pharmaceutical Precautions:** store below 25°C in a dry place and protect from light. **Legal Category:** P **Package Quantity and Cost Price:** eight capsules: £1.679 (PL 01906/0018). **Marketing Authorisation Holder:** Pfizer Consumer Healthcare, Wilsom Road, Alton, Hampshire GU34 2TJ. Telephone: 01420 84801. **Date of publication:** April, 1997.

The TV campaign will



Tambrands Ltd.
Tel: 01705 442000.

Running from July to December, the women's

Dreaming up pastel nail shades

Network Management.
Tel: 01252 351100.



Winning look for Blistex Lip Tone

retails at £1.99.
Dendron Ltd.
Tel: 01923 229251.

Specifically aimed at the teenage market, the lip balm



DENTAL PAIN

PARACETAMOL  DIHYDROCODEINE **TABLETS**

PARAMOL®

**POWERFUL PAIN RELIEF YOU CAN CONFIDENTLY
RECOMMEND FOR MIGRAINE, BACK PAIN, PERIOD PAIN,
DENTAL PAIN, HEADACHE AND FEVER.**

Abbreviated Product Information: Presentation: White tablet engraved PARAMOL containing 500mg Paracetamol BP and 7.6mg Dihydrocodeine Tartrate BP **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feversh conditions, period pains, toothache and other dental pain, backache and other muscular pain and also as an anti-pyretic. **Legal Category:** P **Product Licence Holder:** Seton Products Ltd, Oldham. PARAMOL is a Registered Trade Mark. **Further information is available on request from the Licence Holder.**



Mind your hair

Regaine hair loss treatment is being advertised on the London Underground. The 'Mind your hair' campaign uses the arches of the tube stations to create the illusion of mirrors reflecting the tops of commuters heads as they travel up the escalators. **Pharmacia & Upjohn.**
Tel: 01908 661101.

Summer print offer

Colourcare is running a summer promotion from June 30 to August 8. Customers will be offered a free 5in enlargement voucher when ordering 5x7in prints. **Colourcare Ltd.**
Tel: 01722 412202.

Anti-fungal inflation

In last week's women's health feature in *C&D*, the table depicting market values for anti-fungal products should have listed the total anti-fungal value sales as £41,344k.

Larger than life

Giant-size dummy boxes (17x14in) and large suitcase counter units have been designed to help the sell-through of Stugeron this summer. **J&J MSD Consumer Pharmaceuticals.**
Tel: 01494 450778.

Colgate Platinum's message is whiter than white

Colgate-Palmolive is supporting Colgate Platinum whitening toothpaste in a \$500,000 women's press campaign.

Running until November, the advertising focuses on fashion/style images to convey the message that 'teeth have never been so white'.

The campaign is targeted at women who give grooming a high priority. In each advertisement, expensive white accessories are labelled alongside a model's white smile, which is attributed to Colgate Platinum.

To reinforce the 'white' message, the manufacturer has announced the brand's

Extra II rubber band-powered

Wilkinson Sword is targeting students with a sponsorship programme for the Extra II twin disposable razor.

The aim of the campaign is to raise brand awareness among young shavers.

Building on last year's Mike Fab-Gere tour, sponsorship of the spoof Seventies' pop idol has been extended. A rubber theme has been introduced to the tour to reinforce Extra II's usp - 'No slip rubber grip handle'.



The 'Rubber Band' tour of 20 university

venues throughout the UK will be taking place until December.

Students will receive free packets of Extra II razors and a \$0.50 money-off coupon.

● Wilkinson Sword's FX Performer is currently on TV in a campaign worth over \$2 million. Running until the end of July, it features the 'I feel good' commercial aimed at 16-31-year-old men. **Wilkinson**

Sword Ltd.
Tel: 01670 713421.

Energy-boosting algae snack bar from Chlorella

Chlorella Products has launched the N Bar - an energy-boosting snack or meal replacement bar.

It is based on cereals, nuts and fruits, combined with extra nutrients from ginseng, chlorella, grape-seed extract, propolis and ginger. Chlorella is an algae which is rich in vitamins, minerals and amino acids, while grapeseed extract contains antioxidants.

It is available in three flavours - ginger crunch, apple and cinnamon, apricot and almond - in boxes of 20 single or mixed flavours. Retail price is \$0.99.

Chlorella Products Ltd.
Tel: 01793 791111.

Healthy additions for FSC range

The Health & Diet Co has introduced new labelling for its FSC vitamins range and launched four new FSC supplements.

The new products are the antioxidants horse chestnut seed extract 300mg (30 capsules, \$7.99), selenium tablets 200mc (30, \$3.99), lycopene capsules 6mg (30, \$7.99) and quercetin

capsules 400mg (30, \$7.99).

Lycopene is a carotenoid found mainly in tomatoes, pink and red grapefruit, and apricots. Quercetin is a bioflavonoid found in onions, apples and black tea, with smaller amounts in leafy green vegetables and beans.

Health & Diet Co Ltd.
Tel: 01204 707420.

Natural oils are all wrapped up

Two new luxury gift sets have been introduced by Natural by Nature Oils.

Aromatherapy for Lovers (gold gift set) contains 30ml sensual massage oil, 5ml Exotic Moods vapourising oil, 5ml Romantic Evening vapourising oil and a booklet describing the best techniques for

sensual massage.

Aromatherapy Starter Kit (bronze gift set) consists of 50ml grapeseed oil, 10ml lavender essential oil, a 30g jar of moisturising cream and an instruction booklet.

Both sets retail at \$12.99.

Natural by Nature Oils.
Tel: 0181 202 5718.

ON TV NEXT WEEK

Bazuka: C

Clarityn Allergy: C, GMTV

Garnier Ambre Solaire: All areas

Garnier Belle Color: All areas

Listerine: C, A, M, LWT, CAR, C4, Sat

L'Oreal Elvive Revitalising shampoo: All areas

Pantene: All areas except GMTV

Pepcid AC: TT

Predictor home pregnancy test: C4, C5, Sat

Regaine: C, C4, LWT

Wash & Go: All areas

Wella Experience: C4

Wilkinson Sword FX Performer: All areas

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire



Relax

We're spending even more this year

Last year, Diocalm Ultra sales rose an

incredible 45%* - thanks to you

and our extensive radio and

women's press campaign.

This year we'll be

spending three times as

much on radio and

continuing our striking

women's press advertising -

that's more than £½ million National

support - and backing all this with

unbeatable trade deals.

So relax, it's going to be another Ultra

successful summer.

*Source: Independent Pharmacy Audit



NOTHING STOPS DIARRHOEA FASTER



Contains Loperamide Hydrochloride Ph Eur. Always read the label. Diocalm is a Trade Mark of Seton.

Abbreviated Product Information. Presentation: Blue and white capsules containing 2.0mg of Loperamide Hydrochloride Ph Eur. **Indications:** For the symptomatic treatment of acute diarrhoea. **Legal Category:** P. **Product Licence Holder:** Seton Products Ltd, Oldham. Diocalm is a Trade Mark of Seton. Further information is available on request from the Licence Holder.

NEWS EXTRA

PSNC gets back into negotiating groove

The Pharmaceutical Services Negotiating Committee is still trying to arrange to meet health minister Alan Milburn for the first time to discuss remuneration.

There has been no formal response to PSNC's rejection of the Department of Health's 2 per cent pay offer made before the election. However, PSNC met with the NHS Executive on Tuesday to "pave the way for resuming negotiations".

Chief pharmacist Bryan Hartley outlined to the Committee on June 11 the likely developments for community pharmacy in the short- to medium-term. He said it was necessary to move away from remuneration based on dispensing to a broader provision of pharmaceutical care.

The PSNC stance remains that remuneration for the dispensing function should not be eroded to finance additional services.

Expensive prescriptions The NHSE has agreed that the Prescription Pricing Authority can make a special advance on a weekly basis for any prescription over \$5,000. Contractors will be able to receive their first payments under the advance payment scheme for expensive prescriptions this month.

Multifund dressings proposals Proposals from Kingston & Richmond Multifund to transfer money from its prescribing budget to district nurses to allow them to purchase dressings are still under scrutiny from PSNC. It would avoid the need for a GP to issue an FP10 for dispensing at a pharmacy.

FP34 form Most of the modifications that the LPCs have requested have been incorporated into the new FP34 form. LPCs should continue to press the HA to supply contractors with a breakdown of any payment for local services, says PSNC. **Patient packs** PSNC is considering draft proposals from the DoH for new dispensing and reimbursement rules to support the introduction of patient packs.

New paediatric formulary

A new paediatric formulary, 'Medicines for children', is being prepared by 33 teams of pharmacists and paediatricians throughout the UK. Editor Anne Burns, a drug information pharmacist for the Royal Group of Hospitals, Belfast, hopes that the handbook will be available by the end of the year.

RPSGB PR pack

The RPSGB has issued the fourth module in its PR training pack for pharmacists. 'Organising a public relations event' offers information about what sort of events create effective PR, manpower requirements and planning, venues, how to target the right audience, and budgeting. The module has been sent to all Society PR officers. They are free to any pharmacist on request. Contact Claire Martin at the Society's PR unit, on 0171 735 9141.

Supplements meeting

A conference to consider the options for European regulation of food supplements is to be held at the Palais des Congres in Brussels on September 23. The conference, organised by the European Federation of Health Product Manufacturers' Associations, will provide a forum to debate the European Commission's discussion paper on food supplements (C&D June 14, p18). The fee is BEF8,500. Further information is available from Veerle Limbos, EHPM conference organiser, Rijksweg 11, B2880 Bornem, Belgium (tel: +32 3 890 05 17; fax: +32 3 889 26 22).

CPP withdraws accreditation

The MCA course run by the NPA will cease to be accredited by the College of Pharmacy Practice with effect from August 31 for new registrations. For assistants who enrol before the end of August or who have completed part of the course accreditation will be in place until December 31.

Pharmacy focus group for 'legal beagles'

Four pharmacists are hoping to set up a specialist group of people who have both pharmacy and legal qualifications. It could also include pharmacists who teach law and ethics or who are directly involved in the application of law and moral philosophy to pharmacy practice.

The aim of this 'focus group for pharmacy law and ethics' would be to promote an understanding, starting at undergraduate level, of the ethical basis for professional judgment and to stimulate debate on what constitutes ethi-

cal and responsible professional practice.

The four pharmacists are Gordon Appelbe and Ann Lewis, members of the Royal Pharmaceutical Society's Council, Joy Wingfield, assistant pharmacy superintendent, Boots the Chemists; and Professor Graham Calder, chairman, College of Pharmacy Practice.

Interested pharmacists should write to Mr Appelbe at 14 Hitherwood Drive, London SE19 1XB, with a brief synopsis of their activity in pharmacy law and ethics.

PHARMACYupdate

Care for the blind

How pharmacists can remove the obstacles that hinder care for the blind /

Aspirin

The therapeutic uses of a drug first synthesised 100 years ago /V



Breast care

Greater awareness of breast care can lead to over-anxiety /V



Out of sight, out of mind

A little empathy can help pharmacists address the particular needs of their blind and visually impaired customers.

Nana Yerassimou, campaign officer for the Royal National Institute for the Blind's 'See it Right' initiative, outlines how obstacles can be overcome

Imagine waking to the sound of the post dropping onto your doormat, and knowing it could be days until you get to know its contents. That is a common situation for many blind and partially sighted people. Imagine if it were test results from your GP or an appointment for the hospital – how would you feel if you had to wait for a neighbour or friend to come and read that sort of personal information to you?

There are 1 million visually impaired people in the UK. That's one in 60. In addition, there are 700,000 who have a sight impairment. Many live alone and do not receive regular visits from friends or family. Most are over the age of 65, as visual impairment is one of the most age-related disabilities, and so may be frequent users of some branch of the health service.

It is because of these needs that the RNIB's 'See it Right' campaign for accessible information is focusing on health and medical advice this year.

Right to information

Visually impaired people face many obstacles and barriers in their lives. One of the most

frustrating is not being able to receive everyday information in a format they can use, since only a minority will be able to read standard-size newspaper print. Contrary to public belief, not all blind people read Braille. Only a small proportion are fluent readers, but those with limited recognition can find it useful for labelling purposes. For many deaf-blind people, Braille is the only suitable format.

Moon is another embossed script, which is easier to learn and growing in popularity. However, most visually impaired people can read print if it is sufficiently large and clear. Others will need to receive information on tape or via the telephone. More people are using technological advancements

to access the printed word, such as CCTVs, optical recognition scanners, adapted computers or the Internet.

We live in an information age. Most sighted people take for granted the array of information which they have at their disposal to make informed choices about important matters. However, for the visually impaired, accessing information from banks, local authorities, social services, health services and other everyday institutions can be a constant struggle.

In a recent survey of 500 visually impaired, the RNIB found that the most frustrating aspect of daily life was thought to be "not having information in a readable form". In fact, 67 per cent found general medical information, and 64 per cent

found hospital appointments difficult to get in a format which they could read.

When asked about how life could be made easier, half of those surveyed suggested labels in large print, Braille or tape. As Mrs W, aged 75, told us: "I go to the same chemist each time in a small town. Although they know I cannot read, I always have to ask them to read the instructions to me (I suppose I should take a tape recorder with me). I have the same experience when I attend the Eye Hospital with drops for my eyes. There are different methods of extracting the drops from the bottle and if I have not solved the problem, I have to go around to the chemist first thing in the morning. Fortunately, the bottles are different shapes and sizes, and the chemist will mark the bottles so I am able to distinguish one from the other. I believe sighted people do not think, just presume we have an uncanny sense of sorting things out. One does get weary of asking to have new things explained in detail."



Pharmacist contribution

There is much that the pharmacist can do to ensure their patients are given access to information on medication and accompanying leaflets. Visually impaired patients should not be left ignorant of this essential information, such as the correct name of the medication, what it is for, how and when to take it, the correct dosage and application, and any adverse side-effects. All patients need adequate knowledge about their medication and



Continued on P11 ►

treatment to handle them with confidence, which ultimately will ensure a speedier recovery.

Information should be given verbally, preferably in a quiet corner where other customers cannot overhear. The name and brief instruction should be written or printed in clear large type (no less than 14pt) or attached to the bottle on a 'flag'. Dymo guns can produce Braille on an adhesive strip very simply and cheaply.

Information could also be recorded onto a tape, perhaps while the pharmacist is explaining the instructions to the patient. This simple idea was taken up in the Staffordshire area by the Talking Prescription Scheme in 1994. It was prompted by the case of a visually impaired man who was discharged from hospital, having suffered a heart attack, and given an aftercare leaflet on 'You and Your Heart'. The print in the leaflet was too small for him to read. He did not have any close friends or relatives nearby and had to ask the local Talking Newspaper to record it onto tape for him.

The Talking Newspaper then joined forces with the family health services authority to provide local GPs and dispensing chemists with tape recorders and cassettes. Patients can receive a tape of medical instructions or diagnosis to listen to at home – gone is the worry of trying to remember everything that was explained and the embarrassment of asking others to read out personal information.

The Voxcom Recorder is a new method of recording messages on tape for labelling without using cassettes. Strips of card with cassette tape can be recorded using the Voxcom and then affixed to anything in need of a label. This system relies on the user having a Voxcom Recorder at home.

Another major problem is that of identification of medications, since many of the bottles, blister packs and tubes look remarkably similar – a particular problem for those on a number of drugs. Pharmacists can help by dispensing medication in different sized, shaped or coloured bottles, or by affixing tactile shapes or bump-ons.

The move towards greater use of Patient Information

Leaflets should herald greater patient awareness and understanding of treatments. However, the claimed benefits from these leaflets will not be available to those with impaired vision. Clear print is of benefit to all readers, but especially for those with a visual impairment. The use of large bold print in a simple typeface with contrasting colours for text and background on good quality matt paper can make all the difference for someone with poor sight.

For others tape, Braille or computer disk versions should be made available – requests could be taken via a telephone helpline. These improvements rest with the pharmaceutical manufacturers. However, the responsibility for ensuring that patients have the information they need is ultimately shared between pharmacists and manufacturers.

Campaign for change

The 'See it Right' campaign raises awareness about communicating with visually impaired people and offers practical assistance to information providers.

We recommend staff training in visual awareness – not only to understand how to greet and guide a blind person but also to realise that blind and partially sighted people, like any other group, have individual needs and preferences, are of all ages and backgrounds, and have different eye conditions. This will mean that they will require information to be presented by different methods – the most important thing is to listen to what each individual wants.

Providing accessible information does not have to be complicated or time-consuming. The RNIB can help by offering advice about producing information in-house and has details about other commercial transcription agencies.

To encourage good practice among information providers, 'See it Right' runs an annual Awards Scheme. This year the special category was Health and Medical Information and we received some excellent nominations for hospitals and health authorities. We were particularly pleased with a finalist in our Unsung Hero or Heroine category – an individual who has made a real difference through providing accessible information. The Peskett Pharmacy in Reading was runner up in this category and

its nominator, Bill Gulliver, explains why he thought the pharmacy deserved an Award: "Nothing is ever too much trouble for them ... we would not be able to cope without them, we do not have any family nearby, so they are like a family to us ... they have been helping us for 20 years by putting Braille labels on our drugs, and talking through all the print information of any of their products. Staff are all trained to know how to give us this excellent service."

This illustrates how pharmacists can carry out simple but effective techniques for the benefit of their visually impaired customers.

Dudley Health Authority won the Award in the category of Health and Medical having worked with visually impaired users to improve their services, including information leaflets and appointment letters in a range of formats. Another of their initiatives was to provide hospital pharmacies with Braille Dymo guns in order to label patients' medication.



Legislation

We hope that the Disability Discrimination Act (1995) will ensure that information is accessible to visually impaired people. Service providers will be asked to make 'reasonable adjustments' to ensure they are not discriminating against disabled people. This will include access to information, without which the person can be effectively barred from using the service itself. At this stage, it is not clear what these adjustments may mean in practice, but it could depend on the size of the service provider and the ease with which the changes could take place. We believe it is reasonable for the 1.7m visually impaired citizens to receive everyday information, including information about their medical condition and treatment in a format they can 'read'.



Empowering patients

There is a concerted move within the NHS towards patient empowerment; information is the key to such empowerment. Patients are often given a great deal of information, either verbally or written, which can at times be overwhelming. Visually impaired patients should be



Box 1: accessible medical information

There is a wide range of information concerning medical care and treatment which is usually inaccessible to visually impaired patients. It includes:

- labelling on medication
- patient information leaflets
- appointment letters
- test results
- general health information
- hospital information leaflets

entitled to information related to their diagnosis, condition and treatment in a format that they can use.

Visually impaired people are at risk of not taking medication correctly and could in certain circumstances put themselves in danger. Furthermore, ensuring greater patient awareness of health issues should be considered fundamental in preventing illness as well as medical care.

Visually impaired patients' dignity is all too often compromised. No one should have to rely on others to convey personal and confidential medical details. This is the fundamental reason why information should be available in the patients preferred format.

If you would like further information about the See it Right campaign or how you can help visually impaired patients, please contact Nana Yerassimou, campaign officer 'See it Right' at RNIB, 224 Great Portland Street, London W1N 6AA or telephone 0171 388 1266 ext 2436.

OMIG'
Consult Summary of Product
Characteristics before prescribing.
Special reporting to the CSM
required.

Indication Acute treatment of migraine with
or without aura.

Presentation Tablets containing 2.5mg
zolmitriptan.

Dosage and Administration The
recommended dose of 'Zomig' to treat
migraine attack is 2.5mg.

If symptoms persist or return within
2 hours, a second dose has been
shown to be effective. If a second dose
is required, it should not be taken within
2 hours of the initial dose.

If satisfactory relief is not achieved,
subsequent attacks can be treated with
higher doses.

In patients who respond, significant
efficacy is apparent within 1 hour of
taking.

In the event of recurrent attacks, it is
recommended that the total intake of
'Zomig' in a 24 hour period should not
exceed 15mg.

'Zomig' is not indicated for prophylaxis
of migraine.

Safety and efficacy of 'Zomig' in
paediatrics, adults over the age of 65
and patients with hepatic impairment
have yet to be established.

Contra-indications Hypersensitivity
to any component of 'Zomig' and
controlled hypertension.

Precautions A clear diagnosis of
migraine must be established. Care
should be taken to exclude other
potentially serious neurological
conditions. No data in hemiplegic or
familial migraine.

'Zomig' should not be given to patients
with Wolff-Parkinson-White syndrome
or arrhythmias associated with other
cardiac accessory conduction pathways.
'Zomig' is not recommended in patients
with ischaemic heart disease. In patients
in whom unrecognised coronary artery
disease is likely, cardiovascular
evaluation prior to commencement of
treatment is recommended.

As with other 5HT_{1B/1D} agonists, atypical
sensations over the precordium have
been reported after administration of
'Zomig', but in clinical trials these have
not been associated with arrhythmias
or ischaemic changes on ECG. 'Zomig'
may cause mild transient increases in
blood pressure.

Patients should leave at least 6 hours
between taking an ergotamine
preparation and starting 'Zomig' and
vice versa. Concomitant administration
of other 5HT_{1B/1D} agonists within 12 hours
of 'Zomig' treatment should be avoided.
A maximum intake of 7.5mg of 'Zomig' in
24 hours is recommended in patients
taking a MAO-A inhibitor. Caution in
pregnancy and breast-feeding. Use is
unlikely to result in an impairment of the
ability to drive or operate machinery.
However, somnolence may occur.

Undesirable Effects Nausea, dizziness,
somnolence, warm sensation, asthenia
and dry mouth have been the most
commonly reported.

Abnormalities or disturbances of
sensation have been reported; heaviness,
tightness or pressure may occur in the
throat, neck, limbs and chest (no evidence
of ischaemic ECG changes), as may
myalgia, muscle weakness, paraesthesia,
hypoesthesia.

Legal Category POM

Product Licence Number 12619/0116.

Basic NHS Cost 3 tablet pack (2.5mg)
£12.00. 6 tablet pack (2.5mg) with
sallet £24.00.

'Zomig' is a trademark of the
Zeneca group of companies.

Further information is available from:
Zeneca Pharma, King's Court, Water
Lane, Wilmslow, Cheshire SK9 5AZ.

07/7590/K Issued March 1997

ZENECA

THE NEW FACE



'Zomig' is the new

offering rapid migraine relief.

consistent efficacy, time after

time after time...

Zomig

IT'S THE NEW FACE

Aspiring to aspirin

Aspirin is celebrating its centenary this year, but, far from being consigned to history, new roles are being found for this 'wonder' drug, as **John Plant** finds out

Aspirin's predecessors have been around for a long time. Hippocrates described how extracts from willow bark could be used in the treatment of the pain of childbirth and fever. And that was 2,500 years ago.

Aspirin as we know it today was synthesised 100 years ago, and first marketed by Bayer in Germany in 1899. Today, it is Europe's largest over the counter medicine. Around 100 billion aspirin tablets are taken each year worldwide.

'Aspirin' is a brand name everywhere except the UK. Its brand status was lost as part of Germany's war reparation rights to England after World War I.



THE COLLEGE OF
PHARMACY PRACTICE

THIS COURSE (MODULE 57), IN
ASSOCIATION WITH MULTIPLE
CHOICE QUESTIONS BEING
PUBLISHED IN *C&D* JULY 12,
PROVIDES 1 HOUR OF
CONTINUING EDUCATION

OBJECTIVES

- To be familiar with the therapeutic uses of aspirin
- To be aware of the mode of action and consequent adverse effects
- To be familiar with the common contra-indications and interactions
- To be aware of future applications for aspirin
- To recognise overdose

Indications

Aspirin, chemical name acetylsalicylic acid, is used for pain, fever, inflammation and, through its antiplatelet activity, the prevention of myocardial infarction and stroke. Its less established applications are discussed later.

● Analgesia

Aspirin has long been established in the treatment of pain. It is indicated for headache, transient musculoskeletal pain, dysmenorrhoea and pyrexia. Most physicians, however, prefer other, better tolerated, NSAIDs to treat inflammatory conditions.

● Antiplatelet

Aspirin has antiplatelet activity and is used to inhibit thrombus formation in arteries as anticoagulants have little effect on thrombi formed by platelet aggregation.

It is given as a thrombolytic in the early treatment of myocardial infarction and for secondary prophylaxis of myocardial infarction and stroke in patients at risk.

Prophylactic antiplatelet treatment with aspirin can prevent about 30 per cent of non-fatal myocardial infarctions in apparently healthy individuals.

Aspirin 150-300mg daily is used to reduce mortality after myocardial infarction, and low doses, 75mg daily, are also given following bypass surgery.

Low-dose aspirin reduces the incidence of myocardial infarction, stroke and vascular death by around 25 per cent. Patients with unstable angina, and those who have had heart surgery, also benefit from a reduction in death rate.

Mode of action

Aspirin is absorbed rapidly from the gastro-intestinal tract, then converted to salicylate. Between 80 and 90 per cent of aspirin absorbed is bound to plasma proteins.

At the molecular level, aspirin inhibits cyclo-oxygenase production which results in the reduction of prostaglandin synthesis. This mechanism accounts for



aspirin's therapeutic analgesic and antiplatelet properties and its adverse effects.

The antiplatelet action of aspirin is due to its acetylation and irreversible inactivation of platelet cyclo-oxygenase enzyme, which produces thromboxane A2 from arachidonic acid. Thromboxane A2 is a compound with vasoconstrictor and platelet aggregation properties.

The effects of the aspirin in inhibiting prostaglandin synthesis differ for different prostaglandins. Low doses of aspirin inhibit the production of thromboxane in platelets. Higher doses inhibit the production of both thromboxane in platelets and prostacyclin in the vessel walls.

● Central and peripheral activities

The analgesic and antipyretic effects of aspirin are CNS effects, whereas the anti-inflammatory and anti-

rheumatic effects occur in the periphery.

Separately labelled acetyl and salicylic moieties of aspirin build up in different parts of

Reye's syndrome

Reye's syndrome is a rare, acute, sporadic disorder which presents as an encephalopathy. It typically occurs in a child with a previously unremarkable medical history, during the recovery phase of an ordinary viral infection.

Pernicious vomiting and disturbed consciousness are the main signs of encephalopathy, and also the main clinical features. Death or permanent brain damage is caused by cerebral oedema. There can be complete recovery if the oedema is controlled, but between 20 and 60 per cent of recognised patients die, and as many as 50 per cent of survivors have permanent brain damage.

the body. The acetyl group is a strong prostaglandin inhibitor and acts peripherally, while salicylic acid, a weak prostaglandin inhibitor, is able to cross the blood-brain barrier and act centrally in the spinal cord.

Side-effects

The most familiar side-effect of aspirin is gastric irritation and bleeding. This can be minimised by taking aspirin after food. Enteric coated preparations are unsuitable for single-dose analgesic use because of their long onset of action, but may be useful for prolonged pain at night.

Other side-effects include skin reactions in hypersensitive patients and bronchospasm (see Aspirin-induced asthma Box).

Abdominal pain associated with chronic aspirin therapy can be relieved with sulfacrate, misoprostol or ranitidine.

Contra-indications

Aspirin is contra-indicated in patients with asthma, allergic disease, children under 12 years and in breast-feeding mothers (see Reye's Syndrome Box). It is also contra-indicated for gastro-

intestinal ulceration and haemophilia, and should not be used to treat gout.

It is contra-indicated in patients with a history of aspirin or NSAID hypersensitivity and those who have suffered asthma, angioedema, urticaria or rhinitis triggered by an NSAID. It should also be used with caution in impaired renal or hepatic function, dehydration, pregnancy, elderly and G6PD-deficiency.



Interactions

Aspirin interacts significantly with a number of other drugs and its interactions with warfarin and methotrexate are classified as special hazards.

In the former case, aspirin displaces the protein-bound warfarin which leads to increased antiplatelet effect and increased risk of bleeding. In the latter case, aspirin reduces the excretion of methotrexate, leading to increased toxicity.

Aspirin also interacts with other NSAID analgesics, antacids and adsorbents, anti-epileptics, corticosteroids, diuretics, metoclopramide and domperidone, mifepristone and uricosurics.

Overdose

In overdose, the chief signs of aspirin-poisoning are hyperventilation, simulating dyspnoea or croup; tinnitus; deafness; vasodilatation; and sweating. Coma is seen rarely in cases of severe poisoning.

There may be a delay in the absorption of aspirin and other salicylates, especially if enteric-coated preparations have been taken. Blood concentrations taken in the first six hours can be misleadingly low.



Other applications

Future uses of aspirin could be in the treatment of vascular dementia, colon cancer and for pre-eclampsia in pregnancy.

● **Aspirin in vascular dementia**
Vascular dementia is

considered the leading cause of cognitive impairment in the elderly and aspirin has been shown to be of benefit.

The incidence of dementia increases greatly after stroke, or any other kind of thrombotic episode. Post-mortem studies suggest that multi-infarct lesions are the sole cause of dementia in one-third of cases, and contribute to dementia in another third.

The groups that could potentially be treated with aspirin include people with established multi-infarct dementia who have a high risk of subsequent stroke; patients with atheroma, hypertension or diabetes who are developing dementia or cognitive impairment; and patients with presumed non-vascular dementia who have had a stroke, including Alzheimer's patients.

● Aspirin and colon cancer

Colon cancer is a relatively common disease: one in 35 will suffer from it and one in 50 will die from it. Colon cancer incidence is raised in inflammatory bowel disease.

Because prostaglandins are thought to play a role in the formation of polyps in the intestine in colon cancer, aspirin therapy is being considered. Evidence pointing to this includes findings that colonic cancer risk is lower than normal in patients with rheumatoid arthritis, possibly because of their intake of aspirin or NSAIDs. Salicylates may act as mediators in the colon, a normal protection against malignancy.

● Aspirin in pregnancy

Evidence on the benefits of aspirin in pre-eclampsia have been demonstrated by the large-scale CLASP study (Collaborative Low Dose Aspirin Study in Pregnancy). The treatment group saw a 13 per cent reduction in the development of pre-eclampsia and a 21 per cent reduction in perinatal mortality in addition to other significant benefits.

These preliminary results are suggestive, but not certain, and researchers want more trials.

Formulation points

● Aspirin and paracetamol in combination could achieve the same therapeutic effect, either additively or synergistically, at lower doses, with concomitant lessening of side-effects of each drug.
● The use of paracetamol and non-aspirin NSAIDs may precipitate end-stage renal failure in the elderly and those with renal impairment. Chronic use of aspirin, however, does not.
● Enteric-coated aspirin has a slow onset of action and may protect against gastric ulceration by delaying dissolution.

● Childhood arthritis

Aspirin is important in the treatment of juvenile chronic arthritis (also called Still's disease), a juvenile form of rheumatoid arthritis characterised by constitutional disturbances, such as malaise, loss of weight and weakness.

Aspirin, at close to toxic levels, is required to control fever and arthritic symptoms. No other NSAIDs have conclusively been shown to be more effective than aspirin.

The appropriate formulation of aspirin is important for children. Sustained release tablets avoid the need to be taken at school, while enteric-coated and soluble forms minimise gastric effects. C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December, 1997.

ACTION PLAN

- 1 For the next 50 OTC sales of aspirin- and paracetamol-containing products, note their intended use. Calculate the ratio of aspirin:paracetamol being used for analgesia; for aspirin calculate antiplatelet:other use ratio.
- 2 How many requests for enteric-coated aspirin are made each week and how does it compare to requests for ordinary aspirin? What instructions do you give with enteric-coated formulations?
- 3 List the hazardous drug/drug interactions of aspirin in your practice workbook.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the July 12 issue,

which will cover this week's CPP-accredited modules, together with those in the June 7 issue.

In other words:

- Anaemia (55)

- Nausea and vomiting (56)
- Aspirin (57)
- Breast care (58).

A faxback service for these modules and associated multiple choice question

papers operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

Keeping abreast of breast care

Women are becoming more aware of breast problems, but this has led to over-anxiety about breast cancer, even among the young, where it is rare. **Fawz Farhan** gives an overview of common problems

There is greater breast awareness now than five years ago and it has nothing to do with the rising popularity of men's magazines.

Gallup's latest survey on behalf of the Breast Care Campaign has shown that 97 per cent of women who now experience breast problems seek medical advice. In 1992, 60 per cent did not.

However, this eagerness, fuelled by media scares over the Pill and hormone replacement therapy, can escalate to unnecessary over-anxiety about breast cancer.

Another worry is hereditary breast cancer, despite the fact that it accounts for only 5 per cent of all cases. An unexpectedly high number of young women are concerned about the disease, despite it being extremely rare in their age group.

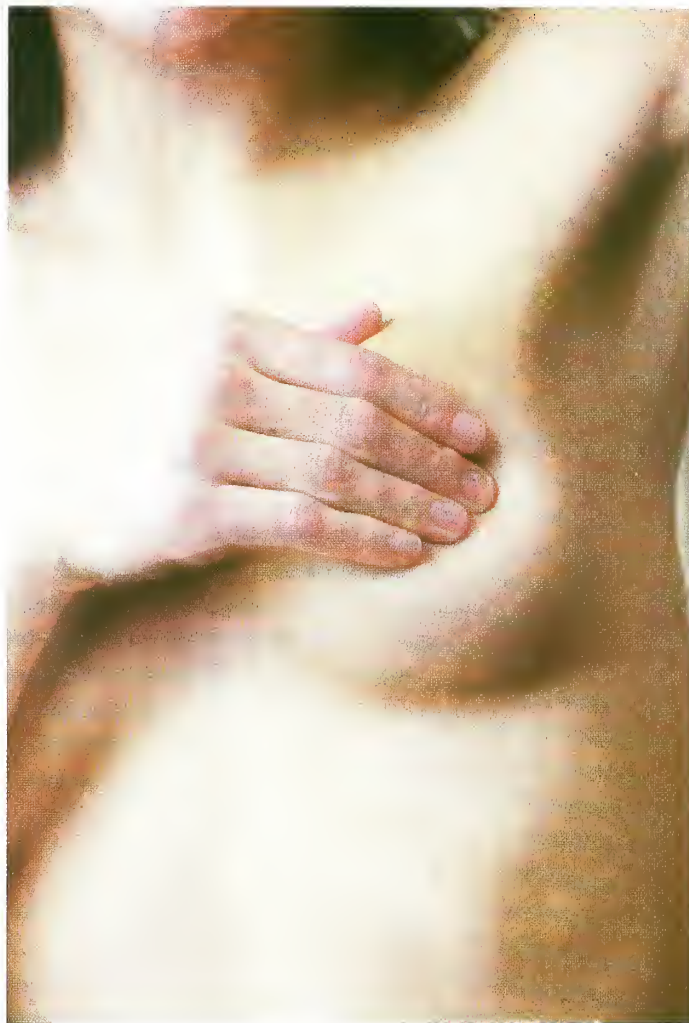
This has put a burden on specialist breast screening units in hospitals, with around 15 benign cases being seen for every incidence of cancer.

Surgeons want more discriminatory screening by GPs and a closer adherence to the primary care national breast screening guidelines. This would help them distinguish the minority who need specialist referral from those who can be dealt with in general practice.



Breast anatomy

The breasts, or mammary glands, develop at puberty under the influence of oestrogen and progesterone. Each breast



has a cluster of 15-20 lobes embedded in fatty tissue which further sub-divide into lobules where the milk-secreting cells are found. The lobes join up to form the main duct leading to the nipple through which milk is expressed. The breasts are supported by ligaments and attached to the chest wall muscle.

Milk production is controlled by the release of prolactin from the pituitary gland during pregnancy and lactation.



Types of problems

When women experience breast problems, they often immediately think of the

worst – breast cancer. However, nine out of ten breast problems referred to hospital are benign.


Other breast complaints commonly encountered include breast pain, benign breast lumps and nipple disorders.



Benign breast pain

Benign breast pain affects two-thirds of women at some point and can be severe enough to disrupt relationships and work.

Cyclical mastalgia, the most common type, is caused by abnormal sensitivity of the breast tissue to normal female hormone levels. This is related to the menstrual cycle and is worse just before



**THE COLLEGE OF
PHARMACY PRACTICE**

THIS COURSE (MODULE 58), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JULY 12, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To be familiar with breast anatomy and function.
- To be aware of women's anxiety over breast problems.
- To recognise common breast problems and their management.
- To be aware of the risk factors involved in breast cancer.
- To counsel women on breast care and refer where necessary.

a period. Cyclical breast pain can come with swelling and sometimes benign non-discrete breast lumps.

Inefficient synthesis of gamolenic acid and an increased saturated to unsaturated fats ratio through diet is thought to precipitate cyclical breast pain. Oral contraceptives and HRT may also have an effect.

Non-cyclical breast pain may be related to the ribs or muscles of the chest wall, in which case analgesics may be prescribed. Mastitis is the inflammation of the milk ducts because of infection and is confined to lactation. As well as pain, it is characterised by nipple discharge, redness and soreness. A course of antibiotics is usually sufficient treatment.

● Management of cyclical breast pain

Once the presence of discrete breast lumps is eliminated from the diagnosis, the patient needs to be reassured that they do not have breast cancer. They should also be encouraged to keep a diary of when breast pain occurs during the cycle to ensure it is premenstrual rather than random breast pain.

Simple non-drug interventions, such as getting a correctly-fitting bra, may help, and adjusting the diet to reduce saturated fats and increase unsaturated fats may also be of use. Over the counter supplements of evening primrose oil and starflower oil may benefit

Breast implants

As well as being used for breast enhancement in cosmetic surgery, implants also have a place in breast reconstruction following tumour removal or mastectomy. The implants are inserted under the skin or chest wall and saline is sometimes used to expand the tissues.

Leaky silicone implants have been associated with connective tissue disease, such as rheumatoid arthritis. As a result, this has led several women in the US to take legal action against manufacturers.

The newer implants are soya-based, but silicone is still present in the lining.

and progestogen. The dose is 200-300mg daily for three to six months. Bromocriptine, which inhibits the release of prolactin from the pituitary, is another alternative given at a maintenance dose of 2.5mg twice a day for six months.

Both these drugs have a high incidence of unpleasant side-effects: nausea, weight gain and deepening of the voice with danazol, and dizziness and constipation with bromocriptine.

Treatment of both drugs should be stopped after six months. After discontinuation, pain may recur, but this is usually mild. Severe recurrences can be treated with further courses.

Premenstrual water retention is not thought to be involved in cyclical breast pain and swelling. Diuretics are therefore inappropriate.

mild cases, as would analgesics. Switching from the Pill to non-hormonal contraception may also be considered.

However, for moderate to severe cyclical mastalgia high-dose gamolenic acid on prescription has been found to reduce pain in more than half of women. The usual dose is 120-160mg twice a day continuously for three months.

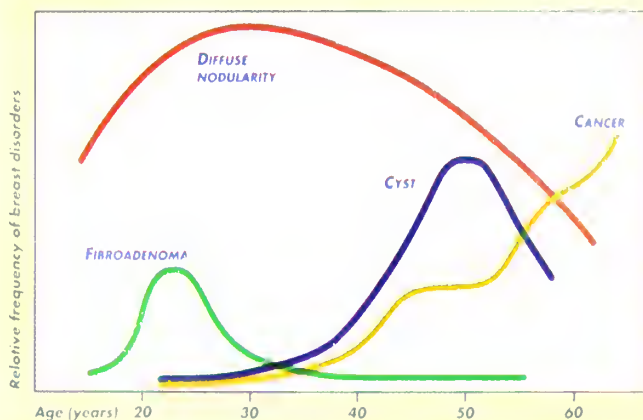
If that fails, endocrine drugs can be initiated. Danazol has androgenic properties, but also suppresses oestrogen

Benign breast lumps

Breast cancer is uncommon in the under-35s and rare in the under-25s, so any lumps in younger women are more likely to be one of the following conditions.

● Diffuse nodularity

This is the most common form of lump and is a normal part of breast development.



Redrawn from 'Guidelines for Referral of Patients with Breast Problems'

The breast appears knobbly with no discrete lumps and the appearance of the breasts may change during the cycle. Pain may be experienced.

● Fibroadenoma

Fibroadenomas are benign lumps of fibrous tissue which occur in women in their 30s and upwards. They are not routinely removed unless this is requested.

● Cysts

Cysts are fluid-filled sacs which commonly appear in women in their 40s-50s. They can be painful and can appear suddenly, although they often resolve by themselves.

Alternately, relief may be obtained by the removal of

the fluid using a hypodermic syringe. The fluid may also be sent for analysis for confirmation of diagnosis. Multiple cysts may recur. Treatment with bromocriptine is sometimes initiated.

Nipple disorders

● Inverted nipples

Inverted nipples are common and can easily be corrected using special suction devices, such as the Nipplette. However, a normally protruding nipple that becomes retracted needs to be checked for disease.

Continued on PVIII ►

NEW QUELLADA M

ERADICATES SCABIES, CRAB LICE + HEAD LICE

MAKE A DIFFERENCE, RECOMMEND QUELLADA M

Liquid and cream shampoo, with malathion

STAFFORD-MILLER

DO3070 MAY 1996

Legal category: P Product licence holder: Ultra Chemical, Tubiton House, Oldham OL1 3HS. Quellada is a registered trade mark. Further information is available from the distributor: Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts AL7 3SP.

Self-examination

Although most women are aware of the need to self-examine their breasts, many do not do it. The reasons include not having enough time, or forgetting. Unusually, though, some women don't self-examine simply because they do not like doing it.

The following points should be advised:

- self-examine breasts regularly, the best time being at the beginning of the cycle just after the end of their period
- stand in front of the mirror holding one arm up at a time and look for any changes in size or shape of the breast, puckering, or changes in the nipple
- run fingers over breast and armpit and note any changes. This is best done while lying down or in the shower using soap.

◀ Continued from PVII

● Discharge from nipples

Discharge from the nipple rarely indicates a serious disease, but it should be checked out by the doctor to exclude cancer. The appearance of the discharge – whether watery, yellow or bloody – should be noted and mentioned to the doctor. Certain drugs may also lead to nipple discharge.

Milk may continue to leak months after childbirth and lactation, and this needs to be established before referral.



Breast cancer

Breast cancer is the most common cancer in women, and the UK has the highest incidence of anywhere in the world. However, if caught early, treatment is effective.

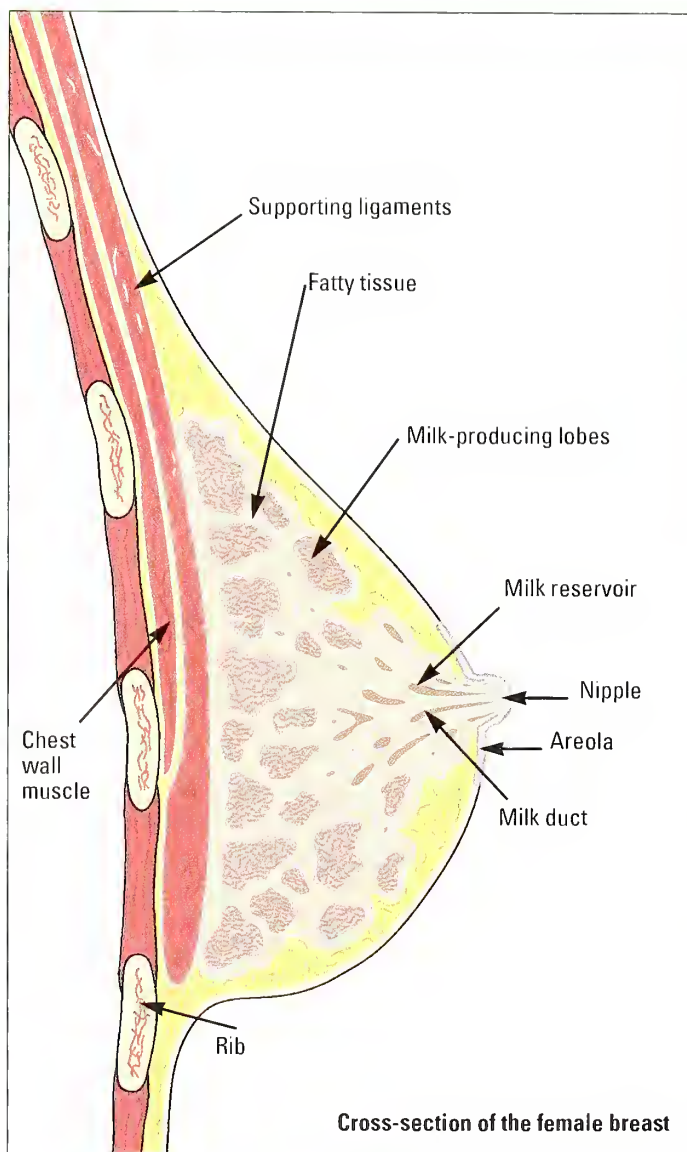
Breast cancer is characterised by a single discrete malignant lump in one breast, sometimes accompanied by pain.

● Risks

Although risk factors are not conclusive, the following should be considered.

1 Age: this is the greatest risk factor for breast cancer. It is rare in the under-30s and uncommon in the under-40s. However, the risk increases over 50 and breast problems are taken more seriously.

2 Heredity: breast cancer in a first degree relative (mother, daughter, sister), particularly if diagnosed before the menopause, may increase the risk of women developing the disease. However, only 5 per cent of breast cancer cases are linked to an abnormal gene.



Cross-section of the female breast

Women who fall under this category are monitored more closely by their GP and are encouraged to self-examine their breasts. In extreme cases, women whose relatives have developed breast cancer have requested mastectomies.

3 HRT and the Pill: there are more media scares linking breast cancer to HRT and the Pill than to any other risk factor. Risks are small and must be put in context, bearing in mind other confounding factors, such as smoking.

There is a small risk with combined oral contraceptives, but this disappears ten years after the Pill is discontinued. HRT also carries a small risk if used for more than ten years. However, these risks must be balanced against the protective effects of the Pill against ovarian and endometrial cancer, and of HRT against cardiovascular disease and osteoporosis.

Nevertheless, women on HRT (who already have the age risk factor against them) are advised to self-examine their breasts once a month.

● Referral

Any woman experiencing breast problems of any kind should be referred to her GP for reassurance as much as for diagnosis. The consultation should include a physical examination of the breasts and a detailed family history. New primary care guidelines for GPs require tighter screening to reduce the number of unnecessary referrals to already cash-strapped specialist hospital units.

● Investigation

Women who are referred to hospital may be given a mammogram – a breast X-ray which detects early-stage cancer. Alternatively, the combined use of a sampling needle for pathological analysis guided by ultrasound is becoming a routine part of investigation, producing highly accurate results without the need for invasive surgery.

Women in the 50-65 age group are entitled to a mammogram every three years under the NHS Breast Screening Programme. However, there is controversy

ACTION PLAN

1 Brief your pharmacy assistants on how to advise women on self-examination of breasts. Bear in mind discretion.

2 Consider a strategy for counselling women who are worried about breast cancer. List in your practice workbook any cases of breast problems presented in the pharmacy over the next three months.

3 Note the uses, benefits and disadvantages of tamoxifen in your practice workbook. For the next ten prescriptions for the drug note doses and establish what it is being prescribed for.

over whether over-use of mammograms might precipitate breast cancer.

● Treatment

If cancer is diagnosed, the malignant lump is removed and is followed by a course of radiotherapy to suppress any further growth. Mastectomies are performed where malignancy has spread. Hormone antagonists, such as tamoxifen, are often prescribed, particularly if metastases is suspected.



Pharmacist's role

Pharmacists are at the forefront of health education and health promotion. Leaflets, such as those produced by the Breast Care Campaign, should be displayed prominently and reinforced by verbal advice and instruction.

Pharmacists may also need to allay fears about the risks associated with the Pill and HRT.

The need to undertake self-examination of breasts should be reinforced where appropriate and pharmacists and pharmacy assistants should themselves be familiar with the techniques of self-examination.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December, 1997.

Resources



- Breast Care Campaign, Blythe Hall, 100 Blythe Road, London W14 0HB.
- Breast Cancer Care, Kiln House, 210 New Kings Road, London SW6 4NZ. Tel: 0171 384 2344.
- The Medical Advisory Service, PO Box 3087, London W4 4ZP. Tel: 0181 994 9874.

*Now the power of the first
dual action NSAID gel helps release
the grip of rheumatic pain.*



The breakthrough formulation of DEEP RELIEF has now been recognised and proves conclusively that not all NSAID gels are the same.



- Immediate pain relief is provided by the counter-irritant analgesic action of Menthol.
- Long lasting relief is provided by the highly effective analgesic and anti-inflammatory actions of Ibuprofen.

- In a recent survey of heavy users of topical NSAID's almost 60% found DEEP RELIEF to be both more effective *and* faster acting than their usual product.*

£1m national press campaign

- We're spending £1m in a national press campaign starting in June to bring customers through your door. Feel the benefit of this breakthrough in topical analgesic pain relief by recommending dual action DEEP RELIEF.

DEEP RELIEF



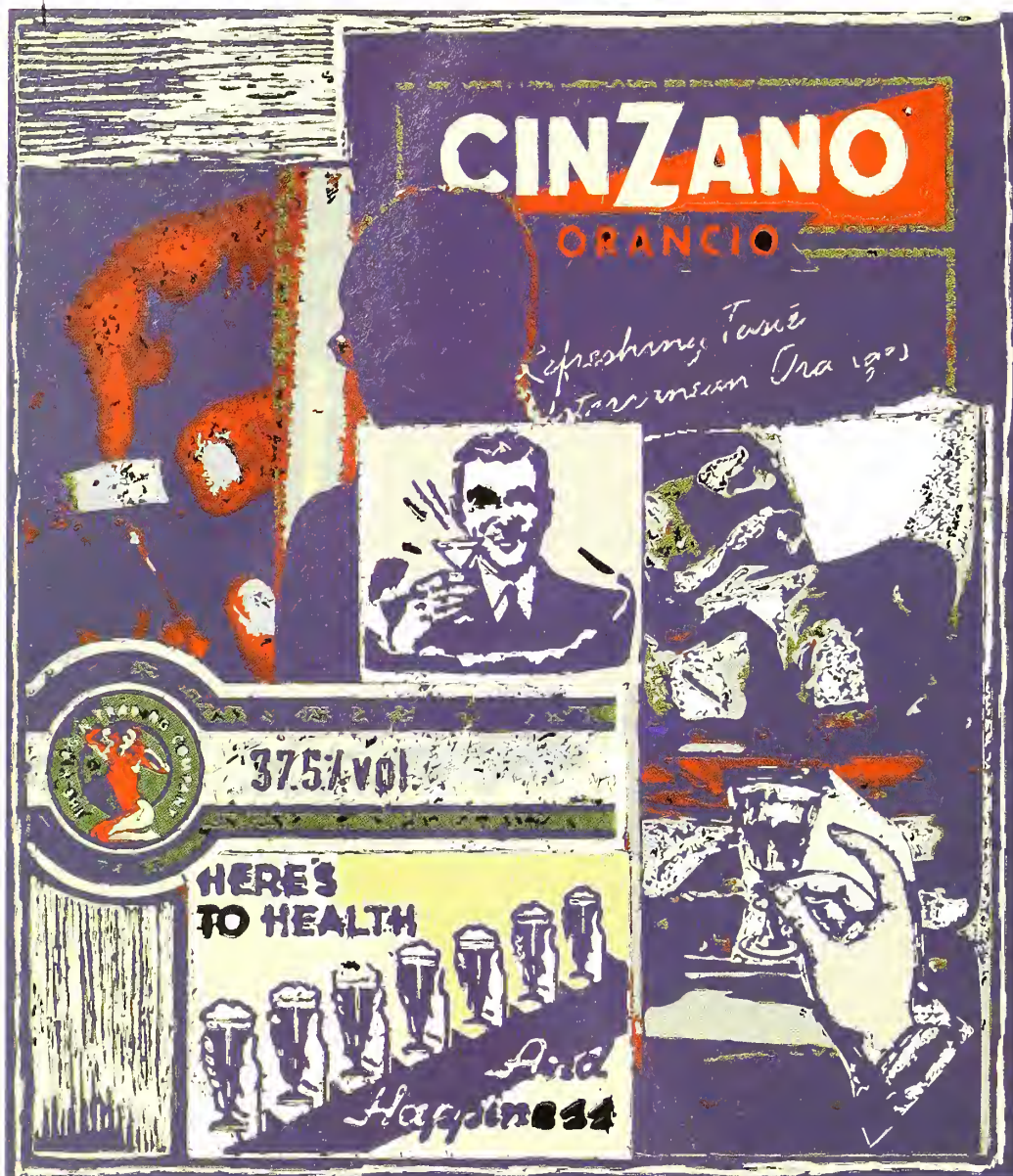
Immediate pain relief that lasts for hours.



TRADE CONTACTS: UK - THE JENKS GROUP, TELEPHONE 01494 442446. NORTHERN IRELAND - PRIMA BRANDS, TELEPHONE 01232 814700

REGULATED PRESCRIBING INFORMATION: PRESENTATION: Deep Relief is a clear, colourless gel containing Ibuprofen Ph Eur 5.0% and Levomenthol Ph Eur 3.0%. USES: A topical anti-inflammatory and analgesic for the relief of rheumatic pain, muscular aches, pains and swellings such as strains, sprains and sports injuries. LEGAL CATEGORY: GSL. PRODUCT LICENCE HOLDER: The Mentholatum Company Limited, East Kilbride, Scotland. PL 0189/0025. DATE OF INFORMATION: June 1997. FURTHER INFORMATION FROM THE LICENCE HOLDER IS AVAILABLE ON REQUEST. Ref 1. Data on file.

Breaking the habit



Pharmacists can become addicts like anyone else, but the Pharmacists' Health Support Scheme is there to help. Co-ordinator Joe Mee MBE tells C&D how

Show me the way to the next whisky bar, oh, don't ask why ... These lines may only be familiar to connoisseurs of Kurt Weill and Bertold Brecht, but perhaps you should ask why, especially if it is a colleague who wants to know the way to oblivion.

"All health professionals have the wherewithal to afford a drink

problem," says practising dentist Joe Mee. He has personal experience of alcoholism, having been in recovery for 16 years. During this time he has not needed alcohol. This year, he was awarded the MBE for services to the Sick Dentist Scheme, which helps addicted dentists in recovery.

Mr Mee cites statistics which estimate that 5 per cent of the population are dependent on alcohol. It is also expected that 10 per cent will be addicts at some point in their life. Why should health professionals be any different?

If the statistics are right, there could be 2,000 pharmacist addicts at the moment. He believes this number could be

even higher, given pharmacists' ease of access to medicines. This is an alarming statistic.

However, confronting the addict is not the answer – they will simply deny the problem. It is the disease that has to be dealt with. Mr Mee admires the Royal Pharmaceutical Society and the pharmacy profession for the way it tackles the problem.

Mr Mee operates the Pharmacists Health Support Scheme on behalf of the Society. The PHSS is a confidential service which helps pharmacists recover from their addiction. It relies on recovered addicts whose own experiences can give the addict hope.

"When you talk about abuse, it

indicates that there is a choice. Addiction happens after you have lost the freedom of choice," says Mr Mee.

It is unlikely that an addict will contact the PHSS in the first instance. It is only when the addiction is causing so much pain that they will call. Most calls are made by colleagues or family members who are concerned.

PHSS guarantees that all calls will be kept confidential. "We always assume the caller is feeling guilty. [Those phoning out of concern] are not 'shopping' anyone, but are helping by asking for someone whose disease prevents them asking for themselves. It may be their only opportunity," he says. Callers should remember that it is not only the addict who may benefit but also the general public and the profession.

Signs to look out for

Addiction is a very slow and insidious process to go through. It is unlikely that the addict will spot the problem themselves.

Addicts do not enjoy themselves and will always be in a state worse than it seems. They may not pay attention to personal hygiene. An alcoholic's breath may smell of drink, but other drugs, such as cocaine, do not have such telltale signs.

Life standards will deteriorate, the addict will not function as before and will become disorganised. However, "the last thing to go will always be the job. The addict will tighten his nerves to fight for his professional image", says Mr Mee.

The signs are very similar to depression to the extent that it becomes part of a differential diagnosis. PHSS always checks for addiction first as it shows as stress. It is very rare that depression will show as addiction.

Intervention

The earlier the intervention, the better for the addict. PHSS uses recovered addicts to allow other addicts to see the problems as applied to themselves, like a mirror. "You have to show recovery to give hope," says Mr Mee, emphasising that addiction is a treatable disease that can have a positive outcome. "We tell them about ourselves, trying to give them a positive image and show them that recovery is possible."

PHSS always verifies the report to see that it isn't malicious, asking for corroboration. "When we are sure there is a problem, we phone the pharmacist and explain in a very low-key way that we would like to come and talk to them," he says.

The addict is approached at the end of the day and an appointment is made to meet as soon as possible. Mr Mee says that he has never been unable to make an appointment. "You have to make the addict accept that they are addicted. We can help overcome the addiction by being there for the addict," he explains. "We don't want to leave it to a cry for help – it can be too late by then."

Treatment

Treatment starts with the PHSS counsellor talking about himself to try and reassure the addict. "We say we are aware that they have a few problems in life. We do not try to blame or bully them, but switch to talking about how things were in our own life without mentioning drugs." This can include problems with money and family relationships.

The counsellor will discuss feelings of uselessness, guilt, shame and fear that addiction brings, but will also talk about how their own life has changed since recovery – giving hope.

Referral is made through local health authorities for treatment at a clinic devoted to helping health professionals. This allows peer discussion, understanding and support. Here, the addict will take part in a programme including sessions with specialist counsellors, group therapy, meetings with recovered health professionals and attendance at regular meetings of self-help groups. Treatment is much the same for all patients, except the method of withdrawal from their own drug.

The stay at the clinic normally lasts five weeks, although mental or spiritual recovery can take up to two years.

After leaving the clinic, the recovered addict will join an

Alcoholics Anonymous group – "the best therapy is the 12-step AA plan" – as well as being monitored and supported by PHSS.

The clinic keeps in touch, and PHSS continues to visit. The recovered addict is put in touch with other recovered health professionals in the area for mutual support.

It is also important to remember the addict's family. They, too, may need help or just simple recognition for what they have been through, living with the addict. "After all, they have had to hold the whole thing together for years," says Mr Mee.

When the addict returns to work, PHSS will support them with daily calls. One problem can be keeping the younger pharmacist, who has been struck off, in touch with the profession until they are able to re-apply. They are quite capable and safe to do jobs in the pharmacy, such as the dispensing.

"It provides a dignified income and keeps them in touch with the profession," says Mr Mee. He is not calling for jobs to be created specially, as this is demeaning, but believes pharmacists should not be put off from employing recovered addicts.

Admiration

Mr Mee is generous in his praise for the scheme and those who do employ recovered addicts. "Pharmacy is to be admired for it. It is one area where pharmacists are helping pharmacists. They see them as decent people who did not ask to be addicts."

He would like the scheme to have more publicity, as this is the best way to overcome barriers of stigma, and stresses: "People should not be afraid to contact us with any suspicions."

It may be that a greater emphasis should be placed on understanding addiction in the undergraduate setting. PHSS sees two main groups with a drug problem: the middle-aged and those aged around 25 years. For this latter group, the seeds of addiction may stem from college days.

"We have to tackle the subject at student level," he says "Students have to understand addiction – they need more than a half-hour lecture in pharmacology."

It is important to remember that sobriety can be, and is, a very satisfactory way of life. "You are responsible for your sobriety. It doesn't matter how you find sobriety, it's that you have found it," says Mr Mee.

Which
400mg
Ibuprofen
brand is
the UK's
best seller?

???rofen

The Pharmacists' Health
Support Scheme has a
confidential telephone line:
01628 770243.

Do you have a problem with
alcohol or drug dependence? Do
you know someone who does?
In either case, help is available
– phone the number above in
total confidence.

Standing out from the crowd

When your pharmacy has to compete with large multiple chemists and your retail environment is relatively upmarket, you need a 'Unique Selling Proposition'. John Kerry examines one solution

When Mr D's business first opened its doors to patients 32 years ago, it shook the foundations of the town's five pharmacies to their long-established roots.

In 1965, the term 'leapfrogging' was hardly in common use, so the newcomer was considered an unscrupulous opportunist who threatened the status quo by trying to grab undeserved prescription business.

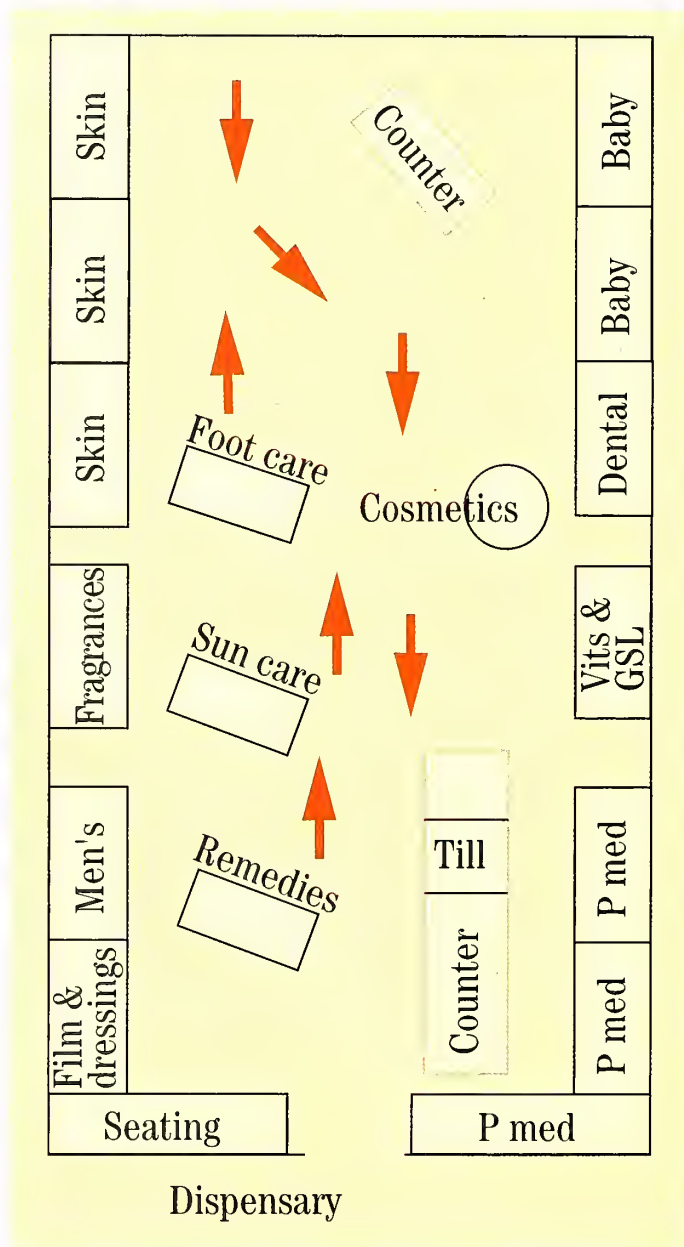
He wasn't too popular with neighbouring pharmacists, while the town's 14 GPs didn't take too kindly to this man muscling in on the scene and trying to make a fast buck out of their work. The three practices were situated in a smart street, full of large Georgian houses, while the pharmacies – as one would expect – were a quarter of a mile further away in the High Street and market square.

Convenience

It didn't take long for patients to appreciate that a pharmacist within 100 yards of their surgery was much more convenient. Within a year, the new pharmacy had grown into the largest dispensing business in town. Two of the others quickly closed, while the other three suffered heavy losses in script business.

During the next 14 years, while 'leapfrogging' developed into an art form in the rest of Britain, nothing changed in this town. Then a new pharmacy opened near one of the three practices, taking a third of Mr D's scripts away from him.

A few years later, a third phar-



macy opened between the two other practices and, being more convenient to both, soon took the lion's share of the remaining script business.

Expansive growth

Meanwhile, the town was growing fast and so were the GP practices. It now has eight, one of which was forced to move half a mile away to a new health centre.

Two pharmacies soon opened up nearby to cater for the prescription business.

Within 32 years, the town has expanded by 50 per cent, while the number of GPs has risen by seven to 21. However, only one of the original pharmacies remain. Five new businesses have opened, including Mr D's pharmacy which, 20 years ago, was the nearest pharmacy to the

town's GPs. It is now in the third best position to the 13 GPs who remain in the same street.

What was the new community pharmacy on the block has become an old-timer, and much of the 3,000 items dispensed each month owe as much to long-established loyalties as they do to good service provided by the new owner, Mrs A, who purchased the business just under two years ago.

It used to be a prescription factory that employed a pharmacist and three dispensing assistants, but is now a 'corner pharmacy', as Mrs A puts it. One thing is certain, though, the patients who have remained loyal are getting a much better service now than before.

Increasing profit

What has Mrs A been able to do since taking the business on? Her gross profit is up 3.5 per cent due to a good clear-out of old stock, and the net profit is substantially better, mostly because Mrs A is the sole proprietor and does not draw a salary. Her gross turnover increased by £27,000 (5.7 per cent) in her first year as proprietor and, at the time of my inspection, she was waiting for her second year's results.

The business is the same as it was two years ago, just a little leaner and fitter. It looks the same, has the same customers and more or less the same turnover.

Mrs A, of course, is not content with this situation. She wants the business to grow, to be dynamic and, yes, fulfilling. In only her second year in retail, she is, not surprisingly, unsure which direction to take. She knows that she must not take any action that will drive her loyal patients to another pharmacy. There are plenty of rivals eagerly waiting for her to make a mistake. On the other hand, she sees no future growth in script business. Not only is her location no longer ideal, but she could have to deal with an in-store supermarket dispensary in the near future.

Before proposing possible new directions, it is worth looking at the town and the retail situation of the pharmacy.

Retail trade

It is an historic small/medium-sized, expanding market town serving a wide area. Although there are newer and larger towns between eight and 15 miles away, they lack charm and are held in low esteem compared to this one.

Superstores have not dominated the town's retail development – traditional High Street

Continued on P24 ►

Cuprofen

Cuprofen Maximum Strength now sell more than twice the volume* of their nearest 400mg OTC rival. In fact, in the last 3 years, the Cuprofen brand has added over £2million sales through pharmacy - the greatest increase in sales of any single active ibuprofen brand.*

- 400mg pink, easy to take, film-coated tablets in a convenient single dose.
- Cuprofen is the only ibuprofen brand to offer your customers premium brand quality and performance at a price they like - with the profit you want.
- Exceptional POR deals available. Ask your Seton representative.

*Independent Pharmacy Audit

Cuprofen

IBUPROFEN TABLETS

**MAXIMUM
STRENGTH**

FAST POWERFUL PAIN RELIEF

24

FOR IBUPROFEN, CHOOSE CUPROFEN

 Seton
Healthcare Group plc
Always read the label.

CUPROFEN MAXIMUM STRENGTH Presentation: Each pink, film coated tablet contains ibuprofen BP 400mg. **Indications:** For the relief of rheumatoid arthritis (including juvenile rheumatoid arthritis or Still's disease), osteoarthritis, ankylosing spondylitis, bursitis, tendinitis, tenosynovitis and low back pain, soft-tissue injuries eg. sprains and strains. Also indicated for the relief of mild to moderate pain eg. headache, toothache, neuralgia, menstrual pain, operative pain and dysmenorrhoea, for the relief of migraine. **Dosage and administration:** Adults and Children over 12 years: Initial dose is 1200mg in divided doses. Some patients can be maintained on 600-1200mg daily. In severe cases, the dose may be advantageous to increase the dosage, provided that the total daily dosage does not exceed 2400mg in divided doses, with water. Children: The dose is 20mg/kg body weight daily except on children weighing less than 30kg. The maximum daily dose should not exceed 500mg. Elderly: No special dosage modifications are required for elderly patients unless renal or hepatic function is impaired. In this case the dosage should be assessed individually. **Contraindications:** Ibuprofen should not be given to patients with severe or active peptic ulcerations. **Interactions:** None known. **Precautions:** Caution should be exercised in administering ibuprofen to patients with asthma and especially patients who have developed bronchospasm with other non-steroidal agents. Special care should be taken when using ibuprofen in elderly patients, in whom increased tissue levels may result with an attendant increase in the risk of adverse reactions. In patients with renal, cardiac or hepatic impairment, special care should be taken. **Use in pregnancy and lactation:** No teratogenic effects have been observed in animal experiments. However, the use of ibuprofen should be avoided if possible during pregnancy. **Side effects:** Adverse effects reported include dyspepsia, gastro-intestinal intolerance and bleeding and skin rashes. Less frequently, thrombocytopenia, haemorrhage, Very rarely toxic amblyopia has occurred, on cessation of treatment recovery has occurred. NSAIDs have been reported to cause nephrotoxicity in various forms and their use can lead to interstitial nephritis, nephrotic syndrome and renal failure. **Overdose:** There is no specific antidote to ibuprofen. Management usually includes gastric lavage associated with special care of plasma electrolytes and any other appropriate symptomatic relief. **Legal Category: P. Pack Quantities and RSP:** £1.35 per pack of 24 tablets, £2.25 per pack of 24 tablets, £3.89 per pack of 48 tablets. **Product Licence Number:** PL 0338 0085. **Product Licence Holder:** Cupal Limited, Blackburn (A subsidiary of Seton Healthcare Group plc). Further information is available from Seton Healthcare Group plc. **Date of Preparation:** April 1997. Cuprofen is a Trade Mark of Seton.

◀ *Continued from P22*

shops have grown and their quality has improved. Mrs A's pharmacy was once the furthest shop from the centre; now, most of the street has been tastefully developed. A sprinkling of new classier 'frock' shops endorse the town's middle class and prosperous image.

Traditional pharmacy retail trade, if it hasn't been swallowed up by the supermarket giants, is well catered for by large multiple chemists and normal drug stores. Mrs A's over the counter pickings, like those of the other four, are, therefore, pretty thin. It is interesting to see how three of them have responded by developing specialist identities. One is a shining white, virtually healthcare-only pharmacy; another has thrown everything into OTC medicines; while the third is aiming to become the town's skin care centre.

All their approaches are right because they're saying 'I am special', adding a new dimension to the pharmacy and developing a saleable unique selling proposition. Mrs A's shop hasn't got one of these. It looks like any other pharmacy without an identity.

Sadly, it also looks every bit its 32 years, with tired wooden shelves, not self-selection units, basic old-fashioned economic strip lights and not a gondola in sight. All of the competitors leave this shop standing in the beauty stakes and, since the shopping environment is important, this has to be addressed.

Niche market

What about a new identity, a 'Unique Selling Proposition' for this pharmacy? Mrs A can't rely

on a wonderful caring service for patients, the other pharmacies – or some of them at least – do that well, too. There may not be room for another skin care specialist either, but certainly there's room to improve the business' healthcare image.

Without good solid research, it would be dangerous to pluck a 'good idea' for the business from

those choices available – expensive, too. Fortunately, Mrs A has been studying the market in this town for longer than she's been in business and believes that she has found a niche.

Complementary or alternative medicine is definitely making significant in-roads, particularly with the royal endorsement of homoeopathy. Herbal remedies and aromatherapy are also growing in pharmacy, adding to the established vitamins and supplements market that has flourished for a decade or more.

This area, this town and the shoppers attracted by the more upmarket retailers look to Mrs A to present the right 'package'. She's probably correct.

Specialist knowledge

She also has an ace up her sleeve. Not content with just endorsing homoeopathy, Mrs A has studied it and, although not qualified in holistic medicine, she is confident about her ability to prescribe for acute conditions. This knowledge could prove vital.

Too many pharmacies fill fittings with remedies, alternative medicines and other specialist healthcare products, and are surprised and disappointed when they don't sell. They shouldn't be, of course, since most of their

Recommendations

- 1 Refit the shop to suit its new style. A warm, clean healthcare image, not clinical, seems right.
- 2 Free up some substantial areas of the shop space for the new products. This pharmacy has recently installed an EPoS system – quite a luxury for this level of counter turnover. However, the system should be made to earn its keep by helping to eliminate unprofitable lines.
- 3 Increase the shelf area allocated for OTC medicines by 200 per cent.
- 4 Once established in the remodelled shop, the complementary and alternative medicines should be promoted and advertised widely.
- 5 She should think about employing a part-time pharmacist to free up some of her time, enabling her to develop the new speciality.
- 6 Staff will need to be trained in the basics of the new product ranges, just as they are in OTC medicines.

sales and turnover come from qualified and professional advice. If customers cannot get advice in the shop on these products, they will go elsewhere.

However, the introduction of specialist products will pose a dilemma for Mrs A. She is the only resident expert, so patients and customers must find her for advice. As she is busy dispensing and counselling NHS patients, she cannot do both jobs well.

New lease of life

This shop could have an exciting future. Any one of three steps – new shop fit, new product ranges, or more emphasis on medicines – should improve its turnover.

All three together, properly backed up with advice when requested, promotion and a professional environment, should give the pharmacy a new lease of life. It definitely needs one.

LETTERS

The problem does not lie with the UK ...

In a recent issue of *C&D* (May 17), Xrayser took issue with the supplements industry. At the time, I thought that what he said was unjust because he was referring to the activities of certain US mail order organisations.

No British supplement company has ever manufactured a product with ephedra in it, so far as I am aware. Indeed, I thought ephedra was a controlled substance of many years standing! Why has HM Customs been allowing such products through?

In the US, the supplements industry is a multi-billion dollar enterprise. At a recent exhibition in Anaheim, California, there were over 2,000 manufacturers' stands. Claims in advertisements are legion and products are sold for practically every condition known to man. Sometimes the advertisement is qualified in small type that the Food and Drug Administration has not approved the claims being made.

Xrayser called for a comprehensive system of licensing for these products. This will not hit US importers, it would just wipe out the indigenous British industry, which is already subject to good policing, not only by the Advertising Standards Authority but also the Health Food Manufacturers Association and the Proprietary Association of Great Britain.

UK-produced products have a record of safety which is unparalleled. Practically all the products that have caused problems in the past have been imported, or the effects

take care

publicised have been experienced in a foreign country, but not with a British product.

The Poisons Bureau has been looking into supplements and herbals for years now, and has failed to find anything of concern regarding British manufactured products.

What needs to be done is for the authorities to be more vigilant in screening imported products from outside the EU. Already, too many foreign manufacturers are making hay while the sun shines in Europe, but for British companies trying to operate in their countries, a totally different system operates! The import authorities are very strict.

Closer surveillance of imported products and fringe mail order operators would be much less costly for the Government than the so-called comprehensive licensing system proposed by Xrayser.

Dr R J Woodward
Larkhall Green Farm

With marketing support, anything you can do ...

It was with interest that I read the points made by David Watkinson, marketing manager, AAH Pharmaceuticals, at the recent Vantage convention (C&D May 24).

His advice to independent community pharmacists was to develop a business strategy in order to strengthen their position against the multiples. This is a viewpoint with which Unichem strongly agrees.

We also believe, however, that it is the responsibility of organisations such as Unichem and AAH to provide this service to their

customers, and to make available their expertise in the fields of marketing and business planning, rather than taking the back seat and advising busy independents to do their own market research.

Unichem's support to independent pharmacy provides practical help on all the points raised by Mr Watkinson, offering customers the full benefit of its understanding of the sector, and leaving them free to concentrate on providing the healthcare service they are trained to offer.

Unichem's database gives both us and our customers detailed knowledge of the customer profile of each pharmacy which responds to a questionnaire. For example, it tells us which of our customers are close to old people's homes, and which have a large proportion of young mothers in their area. It highlights their main competitors and provides a profile of their business location.

This allows us to tailor marketing support specifically to their needs. In short, we take care of our customers' market research for them, and provide them with all the tools to promote themselves most effectively within the locality in which they operate.

David Watkinson also warned that independent pharmacists need to budget for the constant improvements in information technology in order to compete effectively in a market place demanding systems such as electronic processing and payment of prescriptions.

Unichem customers who are members of the Mediphase scheme need not budget for regular replacement of their

computers, as they have the option of replacing their hardware with new state of the art technology every three years at no additional cost.

In summary, Unichem agrees that independent community pharmacists should have a strategy for their business, but they are trained as healthcare professionals, not marketeers. It is the responsibility of an expert service-provider to guide its customers on these matters to the benefit of both our businesses, and we believe the support we provide in these areas is second to none.

Martyn Ward
Director of sales and marketing, Unichem.

Give me strength to deal with programmed reps

Part of my job as a pharmacist is to suffer the pain of being visited by representatives of pharmaceutical companies.

I am forced to listen to information that they have been programmed with by their head office.

An example of this is when one company that sells medicine for BPH claims that its medicine is better than its competitors because it is taken twice a day instead of once.

The argument is that if the morning dose is forgotten, it is OK because you have to take another one in the evening. I was not told of any other advantages of this product, such as its effectiveness, whether it has fewer side-effects or that it was cheaper.

I could not believe what I was hearing. Do we have to deal with reps who come and say anything without any consideration of our standard of knowledge? I wish there were stricter rules so that representatives had to give genuine and not misleading information. That way we can trust and learn from them.

A El-Dabbagh
Wickford



Pharmacy assistant Sheila Heywood of Coalshaw Green Pharmacy in Chadderton, Lancashire, is the winner of the 'Holiday for free with Pepcid AC' competition. She wins a holiday for two with £500 spending money. Sheila will fly out to Crete with her partner in September



You know that taking care of your customers' interests helps you to take care of your bank balance. That's why the Care range of competitively priced OTC medicines from Thornton and Ross is the ideal brand for the independent pharmacist. You can assure your customers that Care products provide the kind of effectiveness they normally expect from more expensive brands, but at a price they will find very attractive (and at an attractive margin too!) And if your customers are happy, they will come back time after time. So, to take care of your customers, take Care!



The brand for independent pharmacists

For details of the Care range call us now. Thornton and Ross, Linthwaite, Huddersfield HD7 5QH Tel: 01484 842217 Fax: 01484 847301

Generics firms question 'brand equalisation' deals

Leading generic manufacturers are becoming increasingly concerned over the threat to their market share from so-called 'brand equalisation' deals.

Under such agreements, branded manufacturers offer pharmacists branded products at prices which allow them to dispense them against generically-written prescriptions.

Generics companies have in the past been worried about speaking out in case they alienate major customers, but several manufacturers no longer feel they can turn a blind eye.

As one marketing manager told *C&D*: "It was part of acceptable business practice, but it has snowballed to such an extent that we have salesmen regularly being turned away because the pharmacy 'has an arrangement'."

Typically, a pharmacist is asked to work out the proportion of generic and branded products dispensed for a particular drug. The ratio is used to set up a price which allows the dispensing pharmacist to match the generic price.

The National Pharmaceutical Association, in its May 'Pink Sup-

plement', advised pharmacists who wanted to gain a marketing edge from 'reverse generic substitution' to contact business services manager Trefor Williams. Most modern pharmacy computers can generate a brand:generic ratio from their PMR files.

Companies frequently cited as doing such deals are Glaxo Wellcome, Bayer and Novartis. Discounts, or rebates, as high as 70 per cent are being offered on some branded products.

This practice used to be restricted to large multiples, but deals are now being extended

down to small multiples and even individual outlets.

Generic manufacturers claim that the taxpayer is actually footing the bill for brand equalisation, whereas profits foregone by generics companies are paid for by their shareholders.

Branded manufacturers are reimbursed under the Pharmaceutical Price Regulation Scheme, and are allowed between 17-21 per cent profit on capital employed. Large discounts obviously reduce profitability, but this factor is difficult to monitor. Generic manufacturers allege their competitors are increasing prices on other lines to maintain the same return on capital.

The issue of discounts threatens to open up a debate on the promotional practices. The Medicines Control Agency has responsibility for enforcing the regulations, supported by the ABPI's Code of Practice Authority.

Advertising ban on bargains

Pharmacies and other retailers could be banned from advertising the sale of discount-priced luxury goods, due to a European Court of Justice case involving Christian Dior.

The French perfume company is contesting the right of Dutch importer Evora to advertise that it is selling Dior perfumes. Evora currently buys the perfumes on the 'grey market' and sells them at below the market rate.

Dior claims that Evora's advertisements are harming the 'luxurious' reputation of its brands.

Its argument has been strengthened by an EU advocate general, who announced in April that luxury goods manufacturers could stop their brands being used in an advertising campaign if they could prove that it "significantly damages the reputation of the trademark and of its owner".

The court's verdict on Dior's case is due before the end of July.

Catrin Turner, head of the intellectual property group at Davies Arnold Cooper, a firm of solicitors, says the European court's judgment could increase luxury goods manufacturers' power to control the distribution and sale of their products. "If you are a retailer, you will still be allowed to sell brand-name perfumes and other luxury goods at bargain-basement rates, but the brand owner may be able to stop your advertising campaign," she says.

"If in doubt, sellers of luxury goods would be well advised to avoid any advertising which could be interpreted as 'down-market'," she concludes.

Gehe shareholders query Lloyds' price

Gehe's shareholders are concerned about the price - \$684 million - it paid for the Lloyds group in January.

They queried Gehe's executives at its annual general meeting in Germany last week. Dieter Kämmerer, the company's chairman, says the shareholders had some doubts because they did not know the Lloyds' business. "They [shareholders] were used to prices we paid for wholesaling businesses in the past, which were related to the revenues of the businesses - and these were lower than those of Lloyds," he says.

Mr Kämmerer (pictured right) told shareholders that Lloyds was worth the acquisition price because its retailing business is more profitable than Gehe's wholesaler subsidiaries.

The shareholders also ques-

tioned whether the German company would be able to sustain its performance in future. But Mr Kämmerer says the same point is raised at every AGM. He points out that the shareholders had also praised Gehe's strategy during the financial year.

As for its acquisition: "Lloyds' business will be profit-enhancing this financial year, because it will begin to realise some synergies," he says.

However, the early fruits of these synergies are unlikely to feature in Gehe's six-month results in August, he adds. The company spent nearly \$3m on restructuring AAH/Lloyds during the first few months of the year.

AAH/Lloyds, says Mr Kämmerer, will probably not realise all its synergies for another four years.



ABPI issues clinical trial guidelines

The Association of the British Pharmaceutical Industry has issued guidelines concerning the information patients should be given during clinical trials for new medicines.

Companies designing information leaflets for patients about to take part in clinical trials, or consent forms for patients to sign can use the guidelines as a checklist on items they should cover.

These include:

- why the study is being conducted and who is organising it
- what is involved from the patient's point of view
- possible side-effects and what to do if concerned about them
- benefits and risks of taking part
- participation is voluntary.

Copies of the 'ABPI Guidance Note: Patient Information and Consents for Clinical Trials' are available, price \$35 per 100 copies, from the ABPI, 12 Whitehall, London SW1A 2DY.

Ethical to raise \$20m

Ethical Holdings plans to raise \$20 million through an institutional placing as it prepares to float on the stock market.

The company, which issued its pathfinder prospectus last week, will invest some of the money on its product portfolio, which includes patented oral and drug delivery techniques, and 24 products under development. It will also pay back some of its outstanding debt.

In addition, Ethical will repay some of the money it borrowed in its bid to acquire Clonmel Healthcare, an Irish pharmaceu-

tical company. The acquisition is conditional on Ethical securing a listing on the Stock Exchange.

Dealings in the Cambridge-shire-based group are expected to begin in early July.

Elan Corporation, an Ethical shareholder, has agreed to spend up to \$3m on the shares being issued, which would give the company a 10 per cent stake in Ethical.

Baring Brothers International is Ethical's sponsor and HSBC James Capel is its broker for the flotation.

Staff training ranked low in survey

Pharmacists do not seem interested in staff training, according to an OTC survey conducted by AAH Pharmaceuticals.

The survey, questioning 189 community pharmacies around the UK, including small groups, ranked the importance of staff training/presentation evenings close to the bottom of services available from wholesalers.

AAH has been taken aback by pharmacists' apparent apathy. Alan Turner, its sales and marketing director, says its experience suggests pharmacists are taking more interest in training. "The staff training issue is at variance with the success of our programme of Vantage retail training evenings, which have attracted increasing numbers of pharmacists and pharmacy staff," he says.

However, Anthony Simmons, a pharmacist who deals with AAH's Southampton depot, says he values staff training, but he does not have the time to deal with it adequately. "My staff are interested in improving themselves, but we are a long way from anywhere where a wholesaler or supplier would hold a

training session, and half of them don't drive anyway or have families to get home to," he says.

Pharmacists rated OTC price as the most important service – it earned 327 points on the table (see right), nearly twice as much as the next most important area – a wholesaler's supply level. Other high priorities were lead time from placing an order to delivery and delivery times/days.

Respondents also valued quality packaging and the ability to order splits on most lines. They also said it was important to have personal contact with all wholesaler staff.

They complained, meanwhile, that too much stock was damaged or not available.

More than 87 per cent said own-label played a fairly important/very important role in community pharmacies.

POR/margin was rated the most important own-label quality, followed by price, manufacturing quality, good quality packaging and comprehensive range.

Twenty-six per cent said their primary OTC supplier's performance was very good, 71 per cent good and 11 per cent poor.

Rank	Issue description	Total points
1	Price	327
2	Supply level	184
3	Lead time from placing an order to delivery	121
4	Delivery times/days	114
5	Core range of OTC products	71
6	Extended range of OTC products	61
7	Payment terms	40
8	Presentation and packaging of order	32
9	Credit returns	30
10	Visits from representatives (wholesaler)	18
11	Own-label products	15
12	Personal contact with your wholesaler	15
13	In-store promotional offers/broadsheets	13
14	EPoS	12
15	Visits from representatives (supplier)	5
16	Transfer orders	4
17	POS	4
18	Staff training/presentation evenings	2
19	Trade shows	0
20	Maintain direct accounts with suppliers	0

Ranking applied: 1st choice = 3 points, 2nd = 2, 3rd = 1

Exclusive offer for UniChem Customers

RANITIDINE 150mg

at



the equivalent UK pack

PI Azantac 150mg, 30 tablets

£11.16

Available only from UniChem depots

Pip Code 703-0612

Prosper Code 125-674

Only while stocks last!

Supplied to UniChem by,

Stephar (UK) Limited



Glaxo beefs up genetics R&D

Glaxo Wellcome is placing more emphasis on genetics in its research and development by setting up a genetics directorate, whose budget this year will be \$30 million.

GW says the directorate's responsibilities cover clinical, development and commercial areas, as well as existing genetic research programmes.

It currently has about 150 researchers, based in Stevenage, North Carolina and Geneva, who had already been working on GW's genetics programmes. But staff is expected to double over the next 18 months and new departments will be created to strengthen genetics' R&D role.

Professor Allen Roses, Jefferson-Pilot Corporation professor of neurobiology and neurology at North Carolina-based Duke University, will join GW as head of the directorate.

The company has been conducting genetics and genetics-related research since the late 1980s and has a number of commercial/academic collaborations.

With strategic acquisitions over the past few years, including the \$540m purchase of Affymax in March, 1995, GW says it has installed key technologies, such as combinatorial chemistry and informatics, which will help it to make the most of the insights that genetics brings.

Last week, the company acquired Spectra Biomedical, a California-based company specialising in association genetics, for \$9m.

GW has been collaborating with Spectra to study the genetic basis of migraines.

Dr Stephen Peroutka, Spectra's president, and Dr Keith Jones, its senior scientist, will join GW's R&D team.

Galen hands \$7.5m to staff

Dr Allen McClay, chairman of Northern Ireland-based Galen Holdings, is giving shares worth \$16.5 million to past and present employees of the group and to the Queen's University of Belfast.

A trust has been set up to give about 600 employees and their dependents shares worth \$7.5m – equivalent to a 5 per cent stake in the company.

Dr McClay has also set up a trust that has shares worth about

\$6m – a 6 per cent stake in Galen. The trust will fund research in the Queen University's schools of chemistry and pharmacy.

Dr McClay now has a 47 per cent stake, worth about \$70m. John King, chief executive, has 29 per cent, worth \$44m; and Geoffrey Elliott, finance director, has 10 per cent at \$15m.

The group, preparing for a \$180m flotation, published its pathfinder prospectus last week.

Classified

Appointments £26 P.S.C.C. + VAT minimum 3x1
 General Classified £24 P.S.C.C. + VAT minimum 3x2
 Box Numbers £12.00 extra. Available on request.
 Copy date 4pm Tuesday prior to Saturday publication.
 Cancellation deadline 10am Friday; one week prior to insertion date
 All cancellations must be in writing. Contact Michelle Edmonds.

Chemist and Druggist (Classified), Miller Freeman PLC.
 Sovereign Way, Tonbridge, Kent TN9 1RW
 Tel: 01732 377222 Internet: <http://www.dotpharmacy.com/>
 ALL MAJOR CREDIT CARDS ACCEPTED



APPOINTMENTS

FEEL LIKE A CHANGE?

Part of the PPP/Columbia Group, The Princess Grace Hospital is a highly resourced independent hospital with an internationally renowned reputation, located in Central London.

Pharmacist **Competitive Salary and Benefits** **Central London**

We are looking for pharmacists looking for a new challenge. Previous hospital experience is not essential and both full and part-time positions are available. Further clinical training will be provided.

Please contact Henry McCullagh for an application form and an informal discussion.

The Princess Grace Hospital,
42-52 Nottingham Place,
London W1M 3FD.
Telephone: 0171 935 8802

PPP/Columbia

Copthorne, Nr Crawley, West Sussex

with easy access to M23
 Business minded Pharmacist/Manager required for established pharmacy in friendly rural location from 1 August 1997.

Competitive Salary

Incentive Scheme

Job sharing welcome.

Excellent Supporting Staff

Apply in the first instance to the retiring pharmacist,

Mr John Edwards.

Sutaria Pharmacy, Church Road, Copthorne,
 West Sussex RH10 3RA.

01342 716133

Airdrie

Superintendent Pharmacist
 Experienced Pharmacist required for busy, late opening pharmacy. Position also available for Pharmacist.
 Newly registered welcome.
 Please apply in writing with CV to
 Mrs McAuley, Monklands
 Pharmacy, 108 Deeds Street,
 Airdrie ML6 9AF.

MAGHILL

Saturday morning/Sunday
 Locum required for independent pioneering pharmacy.
 Telephone 0151 4207220
 (days) or 0151 4243804
 (evenings).

AS OUR BUSINESS GROWS FROM STRENGTH TO STRENGTH..... SO COULD YOUR CAREER

As a highly successful and rapidly expanding group in the community store sector, we introduced pharmacies into selected stores about two years ago. We now have nine pharmacies with positive expansion plans for many more in the future.

We are looking for more enthusiastic career minded pharmacists who would like to be part of this expansion and join our team at stores in the:

Southampton, Bournemouth & Chichester areas

You'll have a pleasant working environment, a newly fitted pharmacy, well trained staff, flexible working hours, minimum paperwork and a highly competitive salary and benefits package. Most importantly, these are unique career development opportunities.

We will consider newly registered or those due to register this summer. Job share or part time also considered.

For a booklet giving further details please call Ann McKee on 01705 267321 (ext 224) during office hours. For an informal chat please call John Finey on (ext 207), or 01428 608077 (evenings and weekends), or Linda Burnett (01202 875258) outside office hours.

ONE · STOP

COMMUNITY STORES LTD



CATFORD SE6

*Pharmacist needed to
 start Mid July*

- ★ Very Easy Hours ★
- ★ 4 weekdays 9-5.30pm ★
- ★ 9-1pm Thursdays ★
- ★ 9-2pm Saturdays ★
- ★ Excellent Supportive Staff ★
- ★ 2 Bedroom flat available ★

Please Phone Mr Verdi

0171 231 2647 (days)

0181 301 3126 (after 7.30pm)

Knights Group are looking for a dedicated and enthusiastic

PHARMACY MANAGER

at our store in
BANBURY

We offer:

- Competitive salary
 - 4 weeks holiday
 - Ongoing training provided
 - Potential for self-advancement
- Newly registered considered.

For further details please call
 Paul Martin on 01527 893288 or
 0121 447 7537 evenings.

APPOINTMENTS

CITY OR TOWN CENTRE COASTAL OR VILLAGE PHARMACY?

At Lincoln Co-op chemists we have pharmacies in all the above settings, each bringing its own challenges, problems and job satisfaction.

We are looking for two Pharmacists to join us and enjoy the variety of practice Lincolnshire can provide.

With the choice of being based in Boston or Lincoln itself, we can offer:

- ★ Competitive salary to include company car if required.
- ★ Contributory pension and private healthcare schemes.
- ★ Five weeks holiday.
- ★ Bonus schemes, staff discount and RPSGB fees paid.

To find out more, please call Peter McCree on 01522 538246 daytime/01673 860998 evenings or Alastair Farquhar 01522 694514 evenings or write to Lincoln Co-op Chemists, 15-23 Tentercroft Street, Lincoln LN5 7DB.

SANJO BEAUTY BAGS

We require a well connected, experienced agent to promote the sale of our established range of cosmetic and toilet bags in Leics, Notts, Derbys., Lincolnshire and S. Humberside.

Please reply in writing to:

The Managing Director, Bob Halladey (MS) Ltd,
Unit 1C Rink Road Industrial Estate,
Ryde, Isle of Wight PO33 1LP.

BRADFORD

Manager required by small friendly company for health centre pharmacy. Four and a half days a week or alternatively job share between two pharmacists.

Apply Mr D. Grant, 93 Fair Road, Bradford BD6 1TD.
Telephone 01274 678529 (days)
0113 2677301 (evenings)

Old Swan Liverpool 13

Family run community pharmacy needs an enthusiastic Pharmacist. 5½ day week, no late nights or rotas, minimal paperwork, salary according to experience.

Telephone
M. Kirk on 0151 2541272 (daytime)
or 0151 4931135 (evenings)

Anglesey/North Wales

Manager/long term Locum urgently required to run friendly family business. Experienced staff. Minimum paperwork. Good salary negotiable. Accommodation available. Enquiries to 01407 830210 evenings and weekends or 0171 267 2744 answerphone

Manor House London N4

Enthusiastic and motivated Pharmacist Manager required for branch pharmacy. Very competitive salary plus bonus. Minimum paperwork. Good supporting staff. Five or six day week. Please ring Mr Shah on 0171 485 1251 (day) or 0181 445 2448 (evenings).

◆ Dispensing Technician
◆ Medical Sales Assistant
Full or Part time
Previous experience essential
Ring Christina on 01895 639991
(between 9 am and 2.30 pm)
Dallas Group
NORTHWOOD HILLS
Middlesex

RUGBY

Manager required for suburban community pharmacy.

- Good supporting staff • Minimum paperwork • 5 day week • Would consider recently qualified. Apply to: David Liddington, 316 Hillmorton Road, Rugby, Warwickshire CV22 5BP.
Tel: 01788 571447 or 01788 822216 (evenings)

CHINGFORD E4

Experienced/Qualified dispenser required 35 hours - 5 day week. Excellent conditions. Immediate start. Contact Mr R Benjamin 0181 529 0696

FULL TIME PHARMACY TECHNICIAN/ ASSISTANT

required by Pharmacy in West London.

Tel: 0181-567-2922

HUDDERSFIELD ALMONDBURY & NEWSOME

I need you to help me manage these two busy modern pharmacies. Easily run with enthusiastic support from fully trained staff including qualified dispensing technicians. Excellent salary available. 4½ or 5 day week option. Please contact Roy Henstock, Newsome Pharmacy, 1A Church Lane, Newsome, Huddersfield HD4 6JE.

DURHAM

Enthusiastic Pharmacist required to join a friendly team of three others.

- Pleasant & varied working environment
 - Hours/Salary package by negotiation
 - Job share considered
- Contact Jane Wright or Lisa Richardson on 01740 620314 (days) or Alan Phillips 01740 622285 (evenings)

MERCHANDISING/MARKETING

An experienced category management person required to join a team in order to enhance sales and profit of a fast-expanding pharmacy chain. Must be mobile and able to train and motivate others.



CHEMIST

Please reply with C.V. to: Alison Bird, Day Lewis plc, Bensham House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
TEL: 0181 689 2255 FAX: 0181 689 0076

Don't be the poor relations of our NHS colleagues anymore.

- 1) \$50,000 for 45 hour week
 - 2) Subsidised car
 - 3) Free mobile phone
 - 4) Accountancy service for self-employed
 - 5) Total flexibility
- Nationwide openings.
Full- or Part-time.

Newly registered welcome.

Managers earn £150 - £200 on your day off!

RAPID RELIEF LOCUMS
01924 493762/0802 499918/
01484 841065

BURTON-ON-TRENT, STAFFS Up to £30,000+

Accommodation for high calibre Pharmacy Managers available. 4½ day week, good conditions and supporting staff. Job share possible.

Contact Shaun Perkins.
Tel: 01283 564928 (day)
01332 864727 (eve.)

Plymouth

Pharmacist required for suburban pharmacy. Good supporting staff. No paperwork. Nominal 34 hour week with some Saturdays. Suit newly registered or long term Locum. (Required from August).

Telephone
01752 562597 (daytime) or
01752 338610 (after 6pm).

ORKNEY ISLES

Small Group require manager for country town pharmacy.

The town of Stromness in the Orkney Isles needs you to be part of their community, if you would enjoy being a respected professional in a country town working sensible hours (9-5.30, 1hr lunch: 25 days holiday) and spending your recreation time in our beautiful islands then this is the job for you.

- Flat (3 bedroom), Car and Pension can be included.
- Regular arts and music festivals.
- Excellent local 1st and 2nd schools.
- Town population 3,000 (20,000 Orkney).
- Golf, sailing, squash, swimming, football, rugby all locally available.
- Lots of other indoor/outdoor clubs.

Phone anytime 01856 87 3940 or write to Torquil Clyde, at 31 Victoria Street, Kirkwall, KW15 1DN for more information.

ROCHDALE

Pharmacist/Manager required in Supermarket Pharmacy. Hours and Salary negotiable.

Telephone:
0161 445 1999

Dunfermline

Regular Saturday Locum required. Hours 9am-5.30pm.

Please telephone
Peter Cook
01383 724772 (daytime) or
01383 873070 (evenings)



CHEMIST

*SEVENOAKS (KENT) ELTHAM (S. E. LONDON)

WORTHING (W. SUSSEX) CROYDON (SURREY) DOWNHAM (KENT)

Rapidly expanding chain requires manager for above branches. Excellent package inc. free medical insurance and pension scheme.

Relief pharmacists/locums also required for London and surrounding counties

Call Rajesh Patel 0181 681 3355 (home) 0181 689 2255 (office)

*Taybi on 01732 452452 (day) 01732 771284 (evenings)

FULL-TIME DISPENSING ASSISTANT

Required by pharmacy near Heathrow. Please apply in writing, with C.V., to:

Edwards and Taylor Chemsits,
491 Staines Road,
Bedfont, Middlesex TW14 8BN

CRAWLEY, WEST SUSSEX £30,000

Self-motivated full-time Pharmacist Manager required for an attractive branch.

- Full head office support
 - Excellent supporting staff
 - Minimum paper work
 - Accommodation available if required
- Telephone: 01293 517346 (day)
0181 668 5006 (eve.)

ROCHESTER, KENT

Enthusiastic Pharmacist required for busy health centre pharmacy preferably to cover Saturday mornings, but a full day on an alternative week basis could be considered.

Please contact Mr K W Stevens on
01634 817317

SOUTHALL

Moss Chemists require a full-time dispenser.

Please contact:
Mrs Pam Sandhu
Tel: 0181 574 1793

APPOINTMENTS

RARE PUBLIC RELATIONS OPPORTUNITY

Fast-growing London Agency seeks recent pharmacy graduate to work on leading healthcare brands. Strong writing and communication skills essential. Please contact Kristina.

Tel: 0171 465 7716

FULL-TIME PHARMACIST

Required for busy dispensary, interesting situation, display care in community.

- ★ Good Supporting Staff ★
- ★ Excellent Conditions ★
- ★ Hours & Salary Negotiable ★
- ★ Situated in Pleasant Modern Town ★

Write or Phone:

Mrs Richardson, The Hill Pharmacy,
68 Poulton Street, Kirkham, Preston PR4 2AH
Tel: 01772 684174

WATFORD, HERTS

Pharmacist Manager required immediately, or from the end of July, for pleasant community pharmacy.

Working hours could be flexible, job share and regular days considered. Regular or part or full days possible. Remuneration negotiable and dependent on ability and experience.

Accommodation may be available if required. C.V. to:

3 Chalk Farm PDE, Adelaide Road, London NW3 2BN
Tel: 01923 771187 or 0171 722 5221

TO PLACE YOUR ADVERTS AT
COMPETITIVE PRICES CALL
**MICHELLE EDMONDS OR
EMMA BEAGLEHOLE ON
01732 377222**

LOCUMS

When you need a Locum at any cost
ring RAPID RELIEF LOCUMS
01924 493762/0802 499918/01484 841065
for immediate cover
NATIONWIDE
Emergency cover a speciality
a division of the Llama Trading group of companies

ACCOUNTANCY SERVICES FOR LOCUMS

- ★ All self employed persons are now required to complete self-assessment Tax Returns and submit these in time to avoid penalties.
- ★ NW London based Chartered Certified Accountant provides full service for reasonable rates.

0958-408135 or 0181-908 5006

BUSINESSlink

A FREE Service for Chemist & Druggist Subscribers

EXCESS STOCK

TRADE LESS 50%+VAT - 252
Pylorid 40mg (exp 10/97). Tel: 0181 670 1833

TRADE LESS 50%+VAT+ POSTAGE - 180 Froben 100mg (exp 8/97), 120 Grisovan 125mg (exp 7/97), 68 Fenbid 300mg (exp 8/97), 235 Hexopal Forte (exp 10/97). Tel: 0171 607 1054

TRADE LESS 25%+VAT - 44x200ml Nutrison paediatric standard (ex 7/97), 1x5m Blue Line webbing 10cm, 1x5m Blue Line webbing 7.5cm, 1x30 Dansac Unique 25mm 319-25, 2x30 Dansac Unique 35mm 319/225-35, 6x100ml Diazepam 2mg/5ml syrup (exp 12/97). Tel: 0161 789 3207.

TRADE LESS 40%+VAT - 60 Zan-

tac efferv 150mg, 98 Dicynene 500mg, 84 Surgam 200mg, 77 Aldactone 50mg, 47 Didronel 200mg, 6 Granugel, Coloplast PC30008840 Tel: 01269 850302.

TRADE LESS 50%+VAT - 3 Suprefact nasal spray (short exp), trade less 30%+vat - 4x30 Hollister bags. Tel: 0181-644 8972.

TRADE LESS 25%+VAT+ POSTAGE - 1 box Neupogen BS Roche 30mv SC/PV, 5 single vials of 1ml in box. Tel: 0181-340 6503

TRADE LESS 50%+VAT+ POSTAGE - 30 Tagamet 800mg (exp 8/97), 84 Femoston 2/10 (exp 7/97), 60 Tryptizol 75mg (exp 7/97), 56 Optimum 1mg (exp 8/97), trade less 30%+vat+postage - 192 Slo-phyllin 60mg (exp 9/97), 1x12 Progynova TS forte (exp 11/97),

45 Caps Sandimmun 25mg (exp 11/97), 28 Zestril 2.5mg (exp 12/97), 42 Salagen 5mg (exp 10/97), 28 Surgam SA (exp 1/97). Tel: 016487 62653.

TRADE LESS 40%+VAT+ POSTAGE - 12x10 Convatec stomahesive flanges 45mm S241. Human Mixtard 10 pen 3mlx5 (exp 8/97). Tel: 01792 458883

TRADE LESS 25%+VAT+ POSTAGE - 1 box Neupogen PS Roche 30mv sc/pv, 5 single vials of 1ml in box. Tel: 0181-340 6503.

TRADE LESS 25%+VAT+ POSTAGE - or collection, 1x10 Aquadry 783528, 1x5 Accuseal 2000cc S5000 (exp 6/97), 1x10 Trident leg bags 370817, 1x5 Convatec Surgicare system 2 flanges S246, 4 pairs Supma velcro leg bag

straps, 6 Supma Trident 370802. Tel: 01622 862840

FOR SALE

HOPE MINI LAB - Film processor for 110, 126 and 135mm film, up to 15 films per hour, perfect working order. Reduced for quick disposal. Tel: 0181 807 3872.

BATTERIES - Hearing aid Vinnic over 100 batteries retail price \$250, selling price \$25. Tel: 0181-989 0070.

WANTED

NORITSU I501 - Good condition up to \$10,000. Tel: 0181-989 0070.

NOMAD CASSETTES - Plus consumables Tel: 01274 725955.

EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

LOCUMS

PROVINCIAL PHARMACY LOCUM SERVICES

We have over 5,000 pharmacists registered PLUS experience of handling over 250,000 bookings NATIONWIDE!

OUR SERVICE

- Provided by experienced staff.
- Locum bone-fides checked.
- A mobile & motivated locum pool.
- NATIONWIDE COVERAGE.
- Pharmacist staff to deal with technical issues.

LEAVE THE WORRY TO US

Please call now

Birmingham 0121-233 0233
Newcastle 0191-233 0506
Manchester 0161-766 4013
Sheffield 0114-2699 937
Edinburgh 0131-229 0900
Cardiff 01222 549174
London 01892 515963
Exeter 01392 422244



PHARM-ASSISTTM YORKSHIRE

Professional Locum Introduction Service

Committed to Dispensing Chemists and Pharmacists

Work available now in the following areas:

LEEDS, MANCHESTER, LIVERPOOL, SHEFFIELD, DONCASTER, LEICESTER, NOTTINGHAM, HULL, GRIMSBY & YORK

Please call **TADCASTER 01937 833996**
FREE REGISTRATION 24 HOURS

From
£14.50

FRANK G. MAY & SON LOCUMS URGENTLY NEEDED IN KENT AND SUSSEX

- ★ Efficient personal service
 - ★ Available 24 hours
 - ★ Odd days/long- or short-term
- Ring Keith or Stella May
MAIDSTONE (01622) 754427

P-P-C

QUALITY PHARMACISTS AVAILABLE

in the following areas:

LONDON & HOME COUNTIES

Competitive rates charged.

To employ these experienced retail pharmacists...

CALL: 0181 863 8600 (Tel)
0181 863 8660 (Fax)

NATIONAL LOCUMS

Top Nationwide Service

- ★ Guaranteed Cover to give you peace of mind
- ★ Available 24 hours
- ★ Special package for small multiples

Locums/current pre-reg urgently required for nationwide coverage
SHORT-/LONG-TERM PLACEMENTS AVAILABLE
Call Erica on: **0850 360371**

MEKA LOCUMS

For The Best Work In Or Out Of Town

call: **0171 372 3399**

Tel Fax: **0171 328 1880**

Mobile: **0958 350602**

and register now

WE AIM TO GIVE YOU A FIRST RATE SERVICE

And even provide a free phone, free connection and free calls for those who need it.

BUSINESSES FOR SALE

ALLIANCE VALUERS & STOCKTAKERS Telephone (01423) 508172

LEEDS

FIRST ADVERT. Easily managed pharmacy serving densely populated central suburb. Estimated T/O FYE 31 May 97 £356,000 under management NHS terms average 3,120 per month. Premises held on council lease. Very low overheads - a highly profitable concern. Offers around £130,000 for GW/Fix. SAV.

NORTH LANCES

Retirement sale of extremely attractive pharmacy serving pleasant middle class suburb. Estimated T/O FYE 30 April 97 £455,000. NHS items average 2,332 per month (no homes). Property freehold or leasehold to include self contained L'Accom. if required, or could provide investment income. Offers invited around £200,000 for GW/Fix. SAV.

We are Pharmacy Agents for all the UK and Ireland

SW LONDON

Pharmacy in pleasant neighbourhood shopping parade and opposite surgery. Projected T/O FYE June 97 £340,000. NHS items average 1,900 per month. Attractive leasehold property at modest rent. Very easily run showing good profits. Offers invited around £110,000 for GW/Fix. SAV.

PHARMACIES WANTED

We have registered purchasers with verified funds available urgently seeking pharmacies in:

SURREY

SUSSEX

CHESHIRE

PHARMACY FOR QUICK SALE - NORTH KENSINGTON

Last turnover '95-'96 £322,000 per annum.

Prescriptions 2,200 per month.

Asking price £125,000 ono, S.A.V. for leasehold.

Freehold available. Reason for selling - emigrating.

Contact C&D, Box no. 3533

BUSINESSES WANTED



CHEMIST

Expanding chain of over 30 pharmacies & opticians seeks to acquire pharmacies in excess of £400,000 turnover in South East England and East Anglia. **FREEHOLD PURCHASED.** For a quick sale please write, telephone or fax details in strictest confidence to:

Kirit Patel, Day Lewis Plc

Bensham House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ

Tel: 0181 689 2255. Mobile 0860 484999 Fax: 0181 689 0076

THINKING OF SELLING?

Friendly private family group are eager to expand in Sussex, Kent, Surrey and Hampshire.

Please write in strictest confidence to:

Bipin Chotal, Waremoss Limited, Loxfield Chambers, Grange Road, Uckfield, East Sussex TN22 1QN, or telephone 01825 761349 (day), 01323 870931 (after 9pm), 0410 850180 (mobile)

BUSINESSlink

A FREE Service for Chemist & Druggist Subscribers

EXCESS STOCK

\$41 LESS TRADE+VAT - 17x10 15mg Leucovorin calcium (exp 2001). Tel: 01206 852965.

TRADE LESS 30%+VAT - 42 Innozide 20/12.5mg, 70 Rocaltrol 0.5mcg. Trade less 50%+VAT - 37 Mintran 5. Tel: 01322 556356.

TRADE LESS 30%+VAT - 4x28 Innozide (exp 2/98), 3 Beclazone inhalers 50mcg (exp 10/97, 1/98) Trade less 50%+VAT - 3x28 Corgaretec 80mg (exp 5/97). Tel: 01253 852376.

TRADE LESS 25%+VAT - 3 Flitoxide d/haler 500mcg (exp 10/98), 1 Becodisk 200mcg refill (exp 11/98). Trade less 50%+VAT - 1 Becodisk refill 100mcg (exp 7/97). Tel: 0171 237 1193.

TRADE LESS 50%+VAT - 3x84 Rythmodan capsules 100mg (exp 11/97 & 6/98). Tel: 01383 723571.

TRADE LESS 25%+VAT - Arythmol 300mg tabs, Ismo 40mg tabs, Enlive, Cyproterone 50mg tabs, Froben 100mg tabs, Ventolin 2.5mg neb plus others. Tel: 01766 830437.

TRADE LESS 25%+VAT - 6x100ml Diazepam 2mg/5ml syrup exp, 1x20 Cohesive ostomy seal 839002, 7x10 Hollister pouch 3262, 2x3-pk Jacques Nelaton catheter 14ch DT6115-1. Tel: 0161 789 3207.

TRADE LESS 25%+VAT - Pergonal amp. Tel: 0181 989 0070.

TRADE LESS 30%+VAT+POSTAGE - Triudan forte, Hormonin, Harmogen, Spasmonal, Titalac, Fragmin 5000iu/2ml, Eprex 2000 & 4000, Britajet 50mg/5ml. Tel: 0171 387 9585.

TRADE LESS 50%+VAT +POSTAGE - 1x28 Desmotabs 0.2mg (exp 8/97), 5x120 Algitec (exp 9/99), 160 Alfalcidol 0.25mg (exp 11/97), 260 Megace tabs 40mg (exp 11/98). Tel: 0181 651 6062.

TRADE LESS 35%+VAT+POSTAGE - Buspac 5mg, Paramax sachets, Robaxin 750mg, Stugeron forte. Tel: 0181 539 1605. Fax your ex stock 0181 558 1262.

TRADE LESS 20%+VAT - 6x6 Eprex 4000iu vials (exp 6/98. Bonus, 4 free on 36). Tel: 0181 951 0542.

PRODUCTS AND SERVICES

The Power of Multiples... ...the Privilege of Independence

VIVIDRIN EYE DROPS

Trade price £5.10

Generous Bonus stock offer

Buy 20 and receive further
40 free of charge

Enquiries from all retail and hospital
pharmacies welcome

Wish to become a member?
Please contact us Today.



Nucare plc

447 Kenton Road
Harrow

Middlesex HA3 0XY

Tel: 0181-732 2772

Fax: 0181-732 2774

CHEMIST - WANTED - PHARMACY

Surplus Coloured Glass Bottles and Jars Wanted.

Black Glass Jars. Drug Jars - Blue or Green.

Blue Castor Oils. Coloured Soda Syphons.

"Admiralty" Square Blue Poisons. Spare Stoppers.

Common Blue "Not to be taken" Poisons - All shapes.

Mixed Assortments of Surplus Bottles as above.

Contact: Eric Padfield,

18 Mulberry Gardens, Sherborne, Dorset,
Tel: 01935 816073 Fax: 01935 814181



TRADE LESS 35%+VAT+POSTAGE - 364 tab Hytrin 2mg (exp 10/97), 6x5x3ml Humulin m3 cartridges (exp 12/97), 3x5x1.5ml Humulin 1 cartridges (exp 10/97). Tel: 0161 445 1999

TRADE LESS 30%+VAT - Asacol, Aspav, Unispas, Fragmin 10,000iu/5000iu, Aknemini 50, Rheumox 600, Robaxin 750, Rilutek, Trandate 200mg, Sustac 2.6, Atrovent autohaler, Retin A cream. Tel: 0115 978 5744

TRADE LESS 20%+VAT - Allevyn 20cu2, Prostag SR (exp 11/97), Menorest 50mcg 8 (exp 7/97), Cath Bard Biocath 2264 14ch x 31, Hollister no. 3262 x 3. Tel: 01455 552692.

TRADE LESS 50%+VAT - 3x30 Colodress plus S865, trade less 35%+vat - 2x30 Sandimmun 100mg, 2x30 Sandimmun 25mg. Tel: 0181-670 1833.

TRADE LESS 30%+VAT - 180 Cellcept caps 250mg, Roche (exp 10/97). Tel: 0181-904 3334.

TRADE LESS 50%+VAT - 4x56 Roaccutane 20mg (exp 11/98), 1x56 Roaccutane 5mg (exp

1/99), 2x10 Clexane 40mg inj (exp 3/98), 1x84 Trasequens forte (exp 11/97), 1x12 Progyanova TS (exp 11/97). Tel: 01279 422909

TRADE LESS 30%+VAT - 20 Fragmin inj soon (exp 6/97), 2 Bicillin, 1 Suprefact 5.5ml vial (exp 1/98), 5 Clexane 40mg inj (exp 12/98), 20 Zofran 8mg (exp 5/98). Tel: 01923 224391.

TRADE LESS 60%+VAT+POSTAGE - Ensure plus (exp 4/97), trade less 50%+vat+postage - Aldactone 100mg, Decadron 2ml inj 3.3mg/ml, Dansac unique 2-55 ref 502-55, trade less 30%+vat+postage - Nimodipine tabs 30mg, Furadantin tabs 50mg & 100mg, Lasix K tabs, Provera tabs 200mg, Fluonase 100ml, Betaloc tabs 50mg, Betaloc SA tabs, Remedeine tabs, Remedeine Forte tabs, trade less 25%+vat+postage - Motilium suppos 30mg, Diflucan caps 200mg. Tel: 01923 825753.

TRADE LESS 20%+VAT+POSTAGE - 6x100 Adizem 60mg, 9x50 Marplan, 6x56 DHC 60mg, 13x500 Ismo 10mg, 1000 Cedocard retard

EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.



HOW
to INCREASE your PROFIT
without
INCREASING your Turnover?

For further Details On a

"New Deal"

from SUPPLIERS
to CAMRx Buying Group
Call now on FREEPHONE

0800 526074

Mr. R. L. Hindocha, BPharm, MR PharmS, FirstD.
54/62 Silver Street, Whitwick, Leicestershire LE67 3ET



Strength Through Unity

Join the fastest-growing independent
purchasing group and discover the benefits

*"After research I was pleased to join your organisation. I
have quadrupled my D&P turnover and am staggered by
the discount I now get with my main wholesaler after hav-
ing an account for 25 years"*

Mr W. (Kent)

Ring Sue Dervin Monday-Friday on freephone

0500-451145

Free trial membership up to 31st August 1997

Avicenna Pharmacists Associates Ltd.

16 Shelveys Hill, Tadworth, Surrey KT20 5PU
e.mail - AVICENNA@btinternet.com

THE STOCK EXCHANGE

SWAP your dead dispensary stock for fast
moving lines (at 60% of cost price)
please phone or fax your lists

Tel/Fax 01274 830831 24hrs

RANITIDINE

We have beaten the competition
once again, we have GENERIC

RANITIDINE 150mg
in stock NOW.

Price on application.
Please ring us on following
telephone number

0181 - 841 1977

or

Fax: 0181 - 841 1655

Chris or Gary

COLORAMA
Pharmaceuticals

COLORAMA PHARMACEUTICALS LIMITED
EUROPA HOUSE, ROWDELL ROAD
NORTHOLT IND. ESTATE
NORTHOLT, MIDDLESEX UB5 5OR
TEL: 0181-841 1977 FAX: 0181-841 1655



Martex
SHOPFITTING

FROM LOW COST PERIMETER SHELVING TO
UPMARKET PERFUMERY SHOWCASES TRADITIONAL
OR CONTINENTAL DISPENSARIES
CONTACT MARTIN BAGG FOR A COMPLETE
SHOPFITTING SERVICE FOR THE PHARMACIST

01392 - 216606

VETERINARY SERVICES



VETCHEM

PROMOTING ANIMAL HEALTH THROUGH PHARMACY

Worried about decreasing N.H.S. margins? Increase your retail sales by
opening up a pet section in your pharmacy, concentrating on P and PVIL
products. Full help given with suggested planograms.
Problems obtaining veterinary medicines? We have access to virtually all
veterinary medicines.

Give us a call

Brian G. Spencer Ltd, 19-21 Ilkeston Road, Heanor,
Derbyshire DE75 7DT Tel **0800 387348**

Reynolds & Lewis, Ferndene Farm, Bashley Crossroads,
New Milton, Hants BH25 5SY Tel **0345 419905**

Assistant's lottery jackpot

Pharmacy assistant Glynis Frost and her husband, Ray, won £2,504,000 in the National Lottery on June 7.

Mrs Frost, who started as an assistant straight from school and has worked at D W Hoyle Pharmacy in Tideswell, Derbyshire, for 26 years, was one of five winners to share the £12.5 million jackpot.

Ray, 48, watched the draw live on television and noted the numbers. But it was not until he checked his three lines that he realised they had all come up. "He couldn't speak. He just came in looking ill and sat on the bed," says Mrs Frost.

"Then he said we'd won something on the Lottery, and I asked him what sort of money he was talking about."

The couple had already arranged to eat out with friends at a local pub, The Horse and Jockey, that evening, where they talked quietly about the win and picked at their food.

Although they had chosen anonymity, somebody overheard their discussion in the pub and rumours were confirmed when the Frosts checked the numbers on Teletext at the next pub they visited.

They then went to a club in the village before going home to call

the Lottery telephone number to make their claim – only to find that the line had closed for the night.

Mr and Mrs Frost phoned the following day and were whisked away to a secret venue in Manchester, before being taken to Camelot's regional office in Liverpool on Monday to have their win confirmed.

Since then, word of their windfall has spread around the village, to the local press and eventually to *The Sun*.

Mr Frost, a market trader, has given up his job, but Glynis has continued working as usual, while she decides what to do.



Pharmacy assistant Tanya Paterson from the Foundry Chemist in Hayle, Cornwall, has won a day's motor racing for two at Silverstone circuit. Ms Paterson answered three questions about Proctocream HC to win. Stafford-Miller representative Adrian Sherman presents Tanya with her tickets

First of NCC's 600 to finish Counterpart

Betty Douglas is the first of 600 assistants registered by National Co-operative Chemists on C&D's Cambridge Counterpart to complete the course.

The NCC recently made changes to its staff development programme and switched to Counterpart, which is now an integral part of its new training and development programme. NCC human resources manager Ron Law says he is pleased with the progress of the staff.

"NCC has a structured approach to staff training, initially assessing competencies at induction, and then developing an individual's product knowledge and customer care skills which are essential for the company's service to the community. The new programme is comple-

mented by a graded career structure, which recognises the value of well qualified staff."

Betty has worked in pharmacy for some years, and has been at

the Histon NCC branch since it opened two years ago. "I really enjoyed Counterpart. I liked the phoning in of answers and the instant results," she says.



Betty Douglas (second left) is presented with her bottle of champagne by C&D's associate publisher, John Skelton. Alongside is Tracy Hirst, the NCC Histon, Cambridgeshire, branch manager, and Ron Law, head of human resources at NCC

In the Queen's Birthday Honours

Chief executive of the Medicines Control Agency Keith Jones has become a Commander of the Bath in the Queen's Birthday Honours on June 14.

Dorset Health Authority's chief executive, Ian Carruthers, receives an OBE for services to healthcare, as does Pfizer's director of medicinal drug discovery, Ken Richardson. Paul Edwards, vice president of Genzyme, receives an OBE for services to the biotechnology industry.

Dr John H D Briscoe, apothecary to the Royal Household at Windsor, becomes a Lieutenant of the Royal Victorian Order.



The J R Butler Award for Excellence, given annually to the J R Butler outlet achieving the highest standards consistently, has been won by the Goring-on-Thames branch. Pharmacist manager Susanna Sherwood is pictured holding the trophy with assistants Margaret Thompson-Watt, Bridget Purnell, June Harper and Rosemary Casbeard



Pharmacist Tony Carson (left) and his assistant team from P E Logans in Greenwich, south east London, have won £1,000 of computer equipment in a Nurofen prize draw. They are pictured receiving the equipment from Crookes Healthcare territory manager Simon Smale

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopying, recording or any information storage or retrieval system without the express prior written consent of the publisher. The contents of Chemist & Druggist are subject to reproduction in information storage and retrieval systems. Miller Freeman plc may pass suitable reader addresses to other relevant suppliers. If you do not wish to receive sales information from other companies please write to Ben Martin at Miller Freeman plc. Origination by London Scanning, 120 Great Portland Street, London. Printed by E T Heron & Co Ltd, Colchester Road, Heybridge, Maldon, Essex. Registered at the Post Office as a Newspaper 22/22/24S

PHARMACISTS HOME INSURANCE...

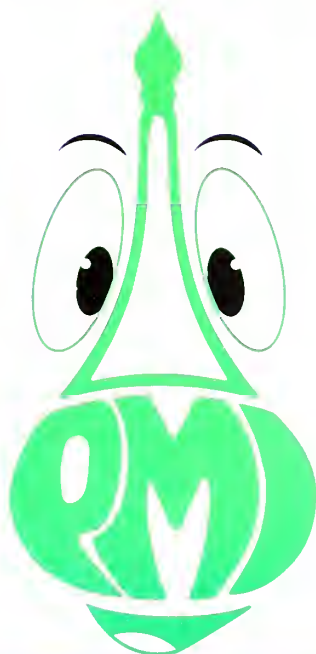


...see how much you
could save with PMI

For an immediate quotation:

**0800
801043**

THINK



A CHALLENGE

YOU DON'T HAVE TO INSURE YOUR HOME WITH YOUR BANK OR BUILDING SOCIETY. SO WHY PAY EXORBITANT PREMIUMS WHEN, AS A PHARMACIST, YOU HAVE YOUR OWN INSURANCE COMPANY – PMI.

Call us **FREE** and see how much you could save. We believe that we could save you at least 30%. Even greater savings have been achieved recently.

How do we do it?

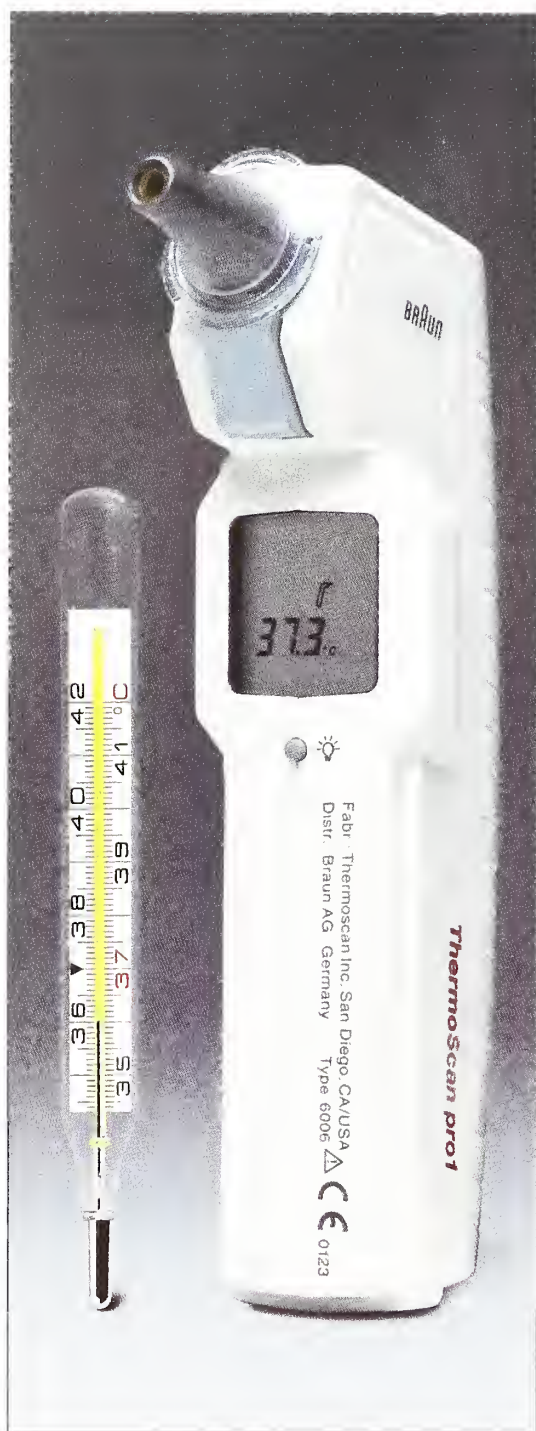
As a "mutual" company we have no shareholders to pay. Profits are returned to our policyholders. Also, by not dealing through brokers or agents, we do not have to pay any commission, this enables us to discount your premium.

If your Building Society make a charge of £25 to allow you to transfer to PMI – we will pay that charge.

*Are you
prepared to
meet our
challenge?*
THEN CALL US.

What's the difference between these two thermometers?

About 179 seconds and an orifice.



Presenting the new Braun ThermoScan Instant Thermometer.

Under certain circumstances, three minutes can be an eternity. But with the new Braun ThermoScan Instant Thermometer, your customer/patient can capture an accurate indication of core body temperature readings in just one second — in the ear.

Using infrared technology to obtain an accurate measure of heat radiating from the tympanic membrane and surrounding tissue, ThermoScan provides an indication of core body temperature without the lag inherent in rectal readings.¹ Neither cerumen nor otitis media will significantly affect these readings.^{2,3} Its speed and ease of use make ThermoScan especially convenient with young children.

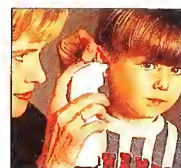
ThermoScan is non-invasive, comfortable and hygienic. Risk of cross-contamination is virtually eliminated. In addition, dozens of studies have clinically proven ThermoScan to be accurate and repeatable, with millions of temperatures taken by thousands of nurses and doctors each year.⁴ It's already in use in thousands of hospitals and clinics worldwide.



Infrared technology provides an indication of core body temperature via the tympanic membrane.



With the touch of a button, ThermoScan provides an accurate reading in just one second



*Fast
Safe
Easy to use*

The Braun ThermoScan for home use will be supported by:

- £2 million marketing investment
- Press & TV campaign to maximise consumer awareness
- Impactful POS display
- Educational consumer leaflets

Order your Starter Pack now from MEDIELITE: 0181 8414144
For further information call the ThermoScan Helpline: 0541 505100

BRAUN

ThermoScan

T H E R M O M E T R Y A T T H E S P E E D O F L I G H T

1 M. Benzinger, Tympanic Thermometry in Surgery and Anesthesia, JAMA, August 25, 1969. 2 T. Terndrup, J. Allegra & J. Kealy, Comparison of Oral, Rectal and Tympanic Membrane-Derived Temperature Changes After Ingestion of Liquids and Smoking, American Journal of Emergency Medicine, March 1989. 3 M. Kriesch, Axillary Temperature as a Screening Test for Fever in Children, The Journal of Pediatrics, April 1984. 4 Data on file. 5 S. Pransky, The Impact of Technique and Conditions of the Tympanic Membrane Upon Infrared Tympanic Thermometry, Clinical Pediatrics, April 1991. 6 B. Kelly & D. Alexander, Effect of Otitis Media on Infrared Tympanic Thermometry, Clinical Pediatrics, April 1991. ©1996 Braun AG